GUIDELINES FOR THE DEVELOPMENT OF THE GENERIC NURSING PROGRAMME IN ZIMBABWE

by

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DECLARATION

I declare that **GUIDELINES FOR THE DEVELOPMENT OF THE GENERIC NURSING PROGRAMME IN ZIMBABWE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

27 October 2017

..... **.....**

SIGNATURE **DATE**

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GUIDELINES FOR THE DEVELOPMENT OF THE GENERIC NURSING PROGRAMME IN ZIMBABWE

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ABSTRACT

The predominant trend in nursing education in Zimbabwe is the hospital-based apprenticeship model. Globally, there has been a shift from a hospital-based model to a university-based one. When a new nursing programme is introduced in Zimbabwe, the institution presenting the programme is solely responsible for developing guidelines for running it. The institution in most cases has inadequate infrastructure, human, financial and material resources, and will lack the capacity to develop the guidelines. As a nurse educator, the researcher noticed with concern that newly introduced nurse education programmes in Zimbabwe soon faced problems because they were introduced without clear guidelines. This made their implementation difficult.

The purpose of the study was to develop guidelines for the Generic Nursing Programme (GNP), a four-year Bachelor of Science Honours Nursing degree. The GNP will balance clinical practice and theory in order to produce nurses who can meet diverse patients' needs; function as leaders; advance science that benefits patients, and deliver quality, safe patient care. The researcher used Walt and Gilson's (1994) policy analysis framework as the theoretical framework for the study. Their policy triangle framework is grounded in a political economy perspective, and considers how the four elements of content, context, actors and processes interact to shape policy-making. The study was a qualitative, explorative case study. Data was collected from forty-nine purposively selected participants by means of semi-structured interviews, focus group discussions and the Delphi technique.

The study found that the content of the GNP should include sciences, nursing courses, social sciences and practical component courses. The GNP should be developed in an environment with adequate resources and will hinge on the economic and political situation since that will determine available resources. The actors involved in the development should include the Ministry of Health and Child Welfare; the Nurses Council

of Zimbabwe; nurse educators; nurses working in the clinical area, and curriculum committee members of the university that will offer the GNP. The guidelines should ensure good quality nursing education for nursing students, and prevent inconsistencies in and the failure of the GNP.

Key words

Development; guidelines; nursing; generic nursing programme; community health.

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Dedication

This work is dedicated to:

My Father, Mother and Stepmother.

My two late brothers Simbarashe and Tichaona.

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LIST OF ABBREVIATIONS

AACN	American Association of Colleges of Nursing
ACEN	Accreditation Commission for Education in Nursing Standards and Critera
BSc	Bachelor of Science
CRNBC	College of Registered Nurses of British and Columbia
GNP	Generic Nursing Programme
NAB	National Accreditation Board
NMC	Nursing and Midwifery Council
RGN	Registered General Nurse
SANC	South African Nurses Council
UK	United Kingdom
USA	United States of America
UZ	University of Zimbabwe
WHO	World Health Organization
ZIMCHE	Zimbabwe Council of Higher Education
ZINA	Zimbabwe Nurses Association

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Nurse educators and nurses in Zimbabwe are currently faced with questions and problems associated with the existing nurse education programmes. Consequently, the Zimbabwe Ministry of Health and Child Welfare is encouraging nurse educators to take part in research that will further knowledge on guidelines for new nursing programmes to resolve these problems. The current nurse education system in Zimbabwe is shifting from hospital training to tertiary sector education.

As a nurse educator, the researcher noticed with concern that newly introduced nurse education programmes in Zimbabwe faced problems and challenges soon after their commencement. Moreover, new nursing programmes were introduced without clear guidelines, which made their implementation difficult. There was a lack of balance between learning and working among the hospital-based general nursing diploma students. This raised the question in the researcher's mind of what guidelines were needed for the development of a successful nursing programme that could correct the present anomalies. This motivated the researcher to investigate the development of guidelines for the Generic Nursing Programme (GNP).

The researcher therefore undertook the study on guidelines for the development of the GNP in Zimbabwe. The GNP will be a completely new nursing programme and a four-year pre-registration Bachelor of Science Honours degree in Nursing Science, consisting of a set of courses and majors in midwifery, mental health nursing and community health nursing. The study followed a higher education model and focused on the overall design of the GNP at macro- and micro-curriculum levels. Generic nursing students are registered as students at universities or nursing schools affiliated to polytechnic colleges and these institutions are responsible for planning nursing students' clinical learning experiences. The clinical learning experiences for the GNP take place at an independent health institution or at a health institution affiliated to the university offering the GNP. Students for the GNP are not part of the workforce of the health institution to which they

are seconded for clinical experience. Staff of the health institutions from which students are seconded are responsible for the students' learning (Uys & Gwele 2005:26-27).

This chapter describes the background to and statement of the research problem; the aim, objectives, and significance of the study, as well as the foundation, research design and methods of the study. Key terms are defined, the ethical considerations upheld in the study are discussed, and an outline of the chapters is given.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

In Zimbabwe, an educational programme in nursing must meet the requirements of the Nurses Council of Zimbabwe, the teaching institution to which the nursing education programme belongs, the State, and the Zimbabwe Council of Higher Education (ZIMCHE) which is the accrediting board for tertiary institutions in Zimbabwe. Nursing education in Zimbabwe is the responsibility of the government with few nurses being trained at mission hospitals. The private sector and non-governmental organizations (NGOs) contribute in nurse education by provision of funds and building infrastructure at nursing schools. The Nurses Council of Zimbabwe is responsible for the supervision of nursing education institutions, monitoring the quality of nurse education, and maintaining the register of practising nurses (Nurses Council of Zimbabwe 2016:18). The learning institutions provide the necessary environment for learning, suitably qualified educators, and material and financial resources for nurse education.

Current nurse education in Zimbabwe is characterised by the block system, which alternates theory and clinical practice which are divided and spaced over three years. The hospital-based general nursing diploma is a three-year programme which consists of theory, practicals, and examinations. During the three years student nurses provide a high proportion of direct patient care in hospitals and form an important part of the workforce, which is at the expense of their learning.

Tables 1.1 and 1.2 present the nursing programmes in Zimbabwe's nursing education system.

Table 1.1 Basic nursing programmes in Zimbabwe, 2017

No	Basic nursing programmes	Duration of training
1	General Nursing Diploma (RGN)	3 years
2	Bachelor of Science in Nursing Science (General)	4 years
3	Generic Diploma in Psychiatric Nursing	3 years
4	BSc Honours Nursing Science (GNP)	4 years

Table 1.2 Post-basic nursing programmes in Zimbabwe, 2017

No	Post-basic nursing programmes	Duration of training
1	Diploma in Psychiatric Nursing	18 months
2	Midwifery Diploma	1 year
3	Theatre Nursing Diploma	1 year
4	Intensive Care Nursing Diploma	1 year
5	Nurse Anaesthetics Diploma	1 year
6	Nurse Ophthalmology Diploma	1year
7	Community Health Nursing Diploma	1year
8	Nursing Administration Diploma	1year
9	Bachelor of Science in Nursing Science	4 years

The general nursing diploma is the oldest and was last reviewed in 1997 (Ministry of Health and Child Welfare, 1997:2). The general nurse diploma produced 99% of basic nurses in Zimbabwe, while the Bachelor of Science in Nursing Science and Diploma in Mental Health produced 5% of basic nurses. In Zimbabwe, there were no guidelines on how many post-basic qualifications a nurse should have after qualifying as a general nurse. As a result nurses acquired more than three post-basic nursing qualifications which they never used in their working life. Nursing education is mostly funded by the government which uses a lot of human, material and financial resources in the post-basic nurse training programmes. Developing clear guidelines for the envisaged GNP would contribute to correcting the present confusion.

1.2.1 Unsuccessful nursing programmes

Zimbabwe introduced a two-year Primary Care Nursing Certificate in 2004. The holders of the Primary Care Nursing Certificate were meant to work in rural health centres in

Zimbabwe which were shunned by Registered General Nurses. The Primary Care Nursing Certificate was stopped in 2009 because the holders lacked competence in midwifery, community health nursing, and mental health nursing which was needed in their area of work. It is envisaged that the GNP will produce nurses with majors in areas that are covered by post-basic nursing programme, which will then resolve the current situation.

In 2005, Zimbabwe introduced a three-year preregistration Generic Diploma in Psychiatric Nursing which was stopped in 2008 because of inconsistencies in its guidelines. The three-year diploma graduate nurses were found inadequately prepared and could not function in Zimbabwe health institutions.

In 2012, Zimbabwe reintroduced the three-year preregistration Generic Diploma in Psychiatry. The first intake of the reintroduced preregistration Generic Diploma in Psychiatry completed training in January 2015. The preregistration Generic Diploma in Psychiatry was introduced for the second time without clear guidelines. The lack of clear guidelines led to an anomaly with the three-year preregistration Generic Diploma in Psychiatric Nursing as it is run alongside the eighteen-month post-basic Diploma in Psychiatry. The eighteen-month post-basic Diploma in Psychiatry and the three-year preregistration Generic Diploma in Psychiatry have the same assessments and subject content, and write the same final year examination yet they are two different programmes.

1.3 STATEMENT OF THE PROBLEM

The predominant trend in nursing education in Zimbabwe is the hospital-based apprenticeship model. Many nurses in Zimbabwe graduate with a diploma in General Nursing offered by nursing colleges. Globally, there has been a shift towards greater professionalization of nurses through the lengthening of training periods and the shift from a hospital-based apprenticeship model to professional education institutions of higher learning.

When a new nursing programme is introduced in Zimbabwe, the sole responsibility for developing guidelines for running the programme is given to the institution presenting the programme. The institution in most cases has inadequate human resources, infrastructure, and financial and material resources to carry out such a mandate. The

institution responsible for offering the new nursing programme will lack the capacity to develop guidelines for the new nursing programme. Institutions running new programmes end up engaging in trial and error, resulting in the failure of newly introduced nursing programmes (Nurses Council of Zimbabwe 2010:8).

Nursing programmes in Zimbabwe are in need of reviewing since some of them are no longer relevant such as the general nurse diploma which was last reviewed in 1997. Previous attempts to review some of these programmes and introduce new programmes were done without wide consultation of nursing education stakeholders to develop clear guidelines. The review and introduction of new nursing programmes without following properly laid down guidelines resulted in the failure of the two-year Primary Care Nursing Certificate, and three-year preregistration Generic Diploma in Psychiatric Nursing (Ministry of Health and Child Welfare of Zimbabwe 2013:26) (National Health Strategy for Zimbabwe 2009-2013:26).

There were inconsistencies in the introduction of the three-year preregistration Generic Diploma in Psychiatric Nursing in 2005 due to lack of guidelines. Preregistration Generic Diploma in Psychiatry nursing students were distributed to nursing schools offering the General Nursing Diploma to have the first year of nursing foundation together with general nursing students. After the first year of nursing education, the generic diploma in psychiatry students were to come back to a mental health school of nursing, which is a nursing school of psychiatry, where they would complete their training. When the students came back to Ingutsheni School of Nursing, they were found to be at different levels of training due to lack of guidelines. The Generic Diploma in Psychiatry was stopped in 2005 as a result of logistic problems caused by lack of clear guidelines (Ministry of Health and Child Welfare of Zimbabwe 2013:26).

Furthermore, the three-year Preregistration Generic Diploma in Psychiatric Nursing was being run alongside the eighteen-month post-basic Diploma in Psychiatry yet these were two different programmes with the same assessments and final exams. No guidelines separate or distinguish the Generic Diploma in Psychiatry from the eighteen-month post-basic Diploma in Psychiatry (Zimbabwe Nurses Council 2010:10).

Currently, Zimbabwe has Primary Care Nursing Certificate holders who are undergoing retraining in order to equip them with midwifery skills. No qualification is awarded after

the six-month up-skilling and there is no record or registration of the up-skilling course by the responsible nurses' council. Another problem facing the Primary Care Nursing Certificate holders is that there is no post-basic nursing qualification for them as there are no guidelines for that (Zimbabwe Nurses Council 2010:10).

The Zimbabwe Ministry of Health and Child Welfare cannot implement the envisaged GNP without exploring the development of its guidelines. Allocation of funds for the GNP whose guidelines are not known would be difficult. The commencement of the GNP without guidelines might risk unnecessary wastage of time, financial, material and human resources if the GNP were found not feasible. The Primary Care Nursing Certificate and the Preregistration Generic Diploma in Psychiatry nursing are examples of this because they lacked clear guidelines (Zimbabwe Nurses Council 2010:8).

According to the post-basic Diploma in Midwifery Training Regulations, 1996 Section 3, one is eligible for midwifery training if one is a registered general nurse and has a minimum of two years' experience exclusive of any nurse training periods. This implies that one has to wait for five years before they are admitted into midwifery training. Nurses who qualify as midwives are the ones who are eligible for community health nurse training, implying that for every community health nurse trained there has to be a midwife. The problem with such a guideline is that fewer midwives are produced, thereby leading to a shortage of midwives. Vacancy levels for midwives in Zimbabwe were at 80% in December 2013 (Ministry of Health and Child Welfare of Zimbabwe 2013:26)

1.4 PURPOSE OF THE STUDY

The purpose of the study was to develop guidelines for the GNP regarding content, context, actors and process.

1.4.1 Objectives

In order to achieve the purpose, the objectives were to

(i) determine the content of the GNP for Zimbabwe.
(ii) explore the context in which the GNP is developed for Zimbabwe.
(iii) determine the actors involved in the development of the GNP.

(iv) develop guidelines for the GNP.

1.4.2 Research questions

The study wished to answer the following questions:

(i) What is the content of the GNP for Zimbabwe?
(ii) In what context will the GNP be developed for Zimbabwe?
(iii) Who is involved in the development of the GNP for Zimbabwe?
(iv) What guidelines should be developed for the GNP for Zimbabwe?

1.5 SIGNIFICANCE OF THE STUDY

A research study should be significant to the nursing profession and contribute to the body of knowledge (Brink, Van der Walt & Van Rensburg 2006:61). The study findings should direct and guide the development of a new nursing programme, the GNP for Zimbabwe. The guidelines for the GNP should ensure good quality nursing education for nursing students. The development of guidelines for the GNP would ensure that movement of nurses nationally and internationally is possible since they would have achieved the same basic requirements (Uys & Gwele 2005:26-27). Developing the necessary guidelines would prevent inconsistencies in and the failure of the GNP.

1.6 FOUNDATION OF THE STUDY

Ontology is the study of being or reality. Ontological assumptions are concerned with the reality that is being investigated (Charmaz 2006:18). The goal of the study was to develop guidelines for the development of the GNP for Zimbabwe. Accordingly, the researcher used a constructivist approach to gain more insight into and knowledge of the GNP and required guidelines. The choice and use of the design and approach was expected to answer the research questions.

1.6.1 Constructivism

Constructivism assumes that individuals construct the meaning of experiences and events and therefore the realities in which they participate (Charmaz 2006:18).

Constructivism believes that individuals understand the world in which they live and work (social milieu) by developing subjective meanings of their experiences or meanings directed at certain objects or things. In this study, there was interaction between the researcher, stakeholders in nurse education and what was studied. The interaction was such that the researcher was an observer. The constructivist evaluation of guidelines for the development of the GNP for Zimbabwe was done through steps which evolved around guidelines for the development of the GNP.

The basic ontological assumption of constructivism is relativism; that is, the human sense making of stakeholders in nursing education about guidelines for the development of the GNP. The study determined how stakeholders in nursing education constructed their shared and individual meanings around the phenomenon of interest (guidelines for the development of the GNP). The participants as stakeholders in nurse education provided a deeper understanding of guidelines for the development of the GNP through their own nurse education work and lived experience. In this study, the participants' interpretation of the studied phenomenon was treated as a construction on its own (Charmaz 2006:187). The researcher and stakeholders in nursing education co-constructed an experience and its meaning therefore the study done in a reflective and transparent manner (Mills, Bonner & Francis 2006:131). Reflection included being aware of the conditions in which the study was done and investigating the way the individuals' theoretical, cultural and political context and intellectual involvement affected interaction with guidelines for the development of the GNP (Alvesson & Skolberg 2000:245). The study was based on constructivism in order to understand the participants' multiple realities in their natural settings (Creswell 2003:19). The researcher's and participants' years of involvement in nurse education enabled them to determine guidelines for the GNP for Zimbabwe.

1.6.2 Theoretical framework

A theoretical framework is based on prepositional statements resulting from an existing theory. It helps the researcher to organise the study and provide a context in which a problem is examined, and data is gathered and analysed (Brink et al 2006:24). Frameworks organize inquiry by identifying elements and relationships among elements that need to be considered for theory generation (Ostrom 2007). They do not, of themselves, explain or predict behaviour and outcomes (Ostrom 2007).

The researcher used Walt and Gilson's (1994:354) policy analysis framework as the theoretical framework for the study. Walt and Gilson (1994:353-370) developed their framework specifically for health although its relevance extends beyond this sector. They noted that health policy research focused largely on the content of policy, while neglecting actors, context and processes. Their policy triangle framework is grounded in a political economy perspective, and considers how all four elements interact to shape policy-making. Figure 1.1 represents the theoretical framework.

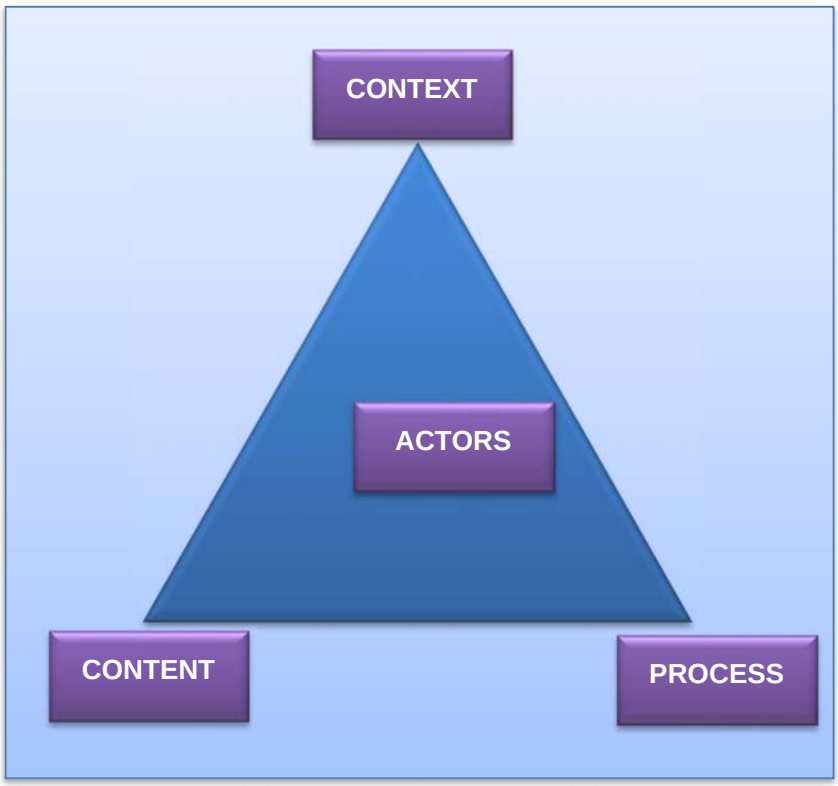

Figure 1.1 GNP development triangle

(Adopted from Walt & Gilson 1994:354)

The framework acknowledges the importance of looking at the content of the GNP, the context in which the GNP is developed, the processes of developing the GNP, and how power is used in health policy. This means exploring the role of the state, and the groups making up Zimbabwean civil society, to understand how they interact and influence development of the GNP. It also means understanding the processes through which such influence is played out (e.g., in formulating the GNP) and the context in which these

different actors and processes interact. The framework focuses on content, context, process and actors. The researcher selected this framework because it helped to explore systematically the place of politics in the development of the GNP and can be applied to high-, middle- and low-income countries such as Zimbabwe. The framework has influenced health policy research in several countries, and has been used to analyse many health issues, including mental health, health sector reform, tuberculosis, reproductive health and antenatal syphilis control (Gilson & Raphaely 2008:294).

In this study, context referred to the broader situational and structural factors, including political, economic and social factors, which might have an effect on the development of the GNP. Development of the GNP will require sufficient human, material and financial resources, availability of students, adequate infrastructure, and approval by the Zimbabwe Council for Higher Education and the Zimbabwe Nurses Council. All these contextual factors had a bearing on the development of the GNP.

Content referred to curriculum, course content, philosophy, mission statement, goals and objectives of the GNP. Content determined the sequencing of theory and practicals and the nature and choice of subjects to be included in the GNP.

Actors referred to the key nurse education stakeholders involved in developing guidelines for the GNP, as well as their decisions, roles, values, interests, and influence. Figure 1 indicates that actors are at the centre of the health policy framework. Actors include individuals (e.g., a particular statesman) and organizations such as the Nurses Council of Zimbabwe, Ministry of Health of Zimbabwe, and the state or government. However, it is important to recognize that individuals cannot be separated from the organizations in which they work, and any organization or group is made up of many different people, not all of whom speak with one voice and whose values and beliefs may differ.

The processes analysis investigated the way in which requirements for the development of the GNP were identified, formulated, and implemented; the timing of events, and the strategies used at each stage. The analysis of processes focused on the nature, sequencing and details of the development of the GNP.

1.7 RESEARCH DESIGN AND METHODOLOGY

This section briefly describes the research design and methodology for the study. Chapter 3 discusses the research design and methods in detail.

1.7.1 Research design

A research design is the set of logical steps taken by the researcher to answer the research questions (Brink et al 2006:217). A research design is an overall plan for obtaining answers to research questions (Polit & Beck 2010:66).

The researcher used a qualitative, explorative case study design for the study. According to Yin (2013:4), a single case study strategy is justifiable when the case serves a revelatory purpose. The researcher considered this strategy appropriate for the type of questions; the degree of control the researcher had over the participants' behaviour and the study's focus on contemporary rather than historical events. The research questions focused mainly on the "what" of examining and developing guidelines for the GNP. Some types of "what" questions are exploratory and are a justifiable rationale for conducting an exploratory study (Yin 2013:4-5). An explorative case study is used to explore situations in which the intervention being evaluated has no clear set of outcomes (Yin 2013:5). The researcher used a single holistic case study which involved nurse education stakeholders' perceptions of the development of guidelines for the GNP in the context of the Zimbabwe nursing education system.

1.7.2 Research methodology

Polit and Beck (2010:78) describe research methodology as the "steps, procedures and strategies taken to investigate the problem being studied and to analyse the collected data". The methodology included the population, sample, and data collection and analysis.

1.7.3 Population and sample

The population comprised nurse educators working in the nursing directorate, including nursing directors, nursing deputy directors, the registrar and the deputy registrar of the

Nurses Council of Zimbabwe, UZ nursing science lecturers, nurse education committee members, nurses working at Parirenyatwa Central Hospital, mental health post-basic nursing students, community health nursing post-basic students, and post-basic midwifery students. Purposive sampling was used for the selection of the participants (see chapter 3 for discussion).

1.7.4 Data collection

The researcher collected data by means of semi-structured interviews using the Delphi technique with nursing educators working in the nursing directorate, the registrar and deputy registrar of the Nurses Council of Zimbabwe, members of the nursing education committee of the Nurses Council of Zimbabwe, nurses working at Parirenyatwa Hospital, and University of Zimbabwe (UZ) nursing science lecturers. The researcher also used two focus group discussions with 19 post-basic student nurses. Focus group 1 had 10 participants and consisted of community health and midwifery post-basic nursing students. Focus group 2 had 9 participants and comprised mental health students. The researcher encouraged the participants to be frank from the outset of the sessions. In addition, the researcher emphasised his independence in order to encourage participants to share their experience freely. During data collection the researcher used memo writing, field notes and a reflective diary.

1.7.5 Data analysis

Data analysis commenced simultaneously with data collection. The researcher used a pattern matching and explanation building approach which was iterative and comparative of evolving data. The researcher used open, focused, axial and theoretical coding with memo writing embedded in all the data analysis phases. A coding scheme, which listed all the themes and codes, was developed. The data was also analysed thematically.

1.8 RIGOR IN RESEARCH

Rigor is a systematic way of handling research which includes well-calculated and thorough collection, analysis and interpretation of the data in such a way that an independent researcher should be able to reanalyse using the same processes and

achieve the same results (Bowling 2009:152). To ensure rigor, the researcher maintained its trustworthiness (Lincoln & Guba 1985:231).

1.9 TRUSTWORTHINESS

Trustworthiness is “the degree of confidence qualitative researchers have in their data, and is assessed using the criteria of credibility, dependability, confirmability, transferability, and authenticity” (Polit & Beck 2008:768). In order to ensure trustworthiness, the researcher used well-established research methods such as correct operational measures for guidelines for the development of the GNP.

The researcher selected the participants purposively and used triangulation, which involved the Delphi technique and focus group discussions. The use of different methods in concert compensated for their individual limitations and exploited their benefits. The researcher selected a wide range of participants to allow individual different perceptions and experiences to be verified against each other. This provided a rich picture of the phenomenon of interest (development of guidelines for the GNP for Zimbabwe) based on the participants’ contributions.

The study also employed site triangulation which involved participants from different organizations, namely hospitals, teaching institutions, accrediting bodies and government organizations. Site triangulation reduced the effect of particular local factors peculiar to one institution.

1.10 ETHICAL CONSIDERATIONS

Ethics has to do with “morality” or right and wrong. In research, ethics focuses on recognising socially accepted and sanctioned professional and legal obligations. Accordingly, the researcher obtained permission to conduct the study and upheld the participants’ rights to respect for human dignity, informed consent, beneficence, justice and confidentiality.

1.10.1 Permission

The researcher obtained written permission and ethical clearance for the study from the Medical Research Council of Zimbabwe; Higher Degrees Committee of the University of South Africa Department of Health Studies; Ministry of Health and Child Care of Zimbabwe through its permanent secretary; University of Zimbabwe; Nurses Council of Zimbabwe; Parirenyatwa Central Hospital, and Ingutsheni Psychiatry Hospital under the Ministry of Health. The Medical Research Council of Zimbabwe (2011:7) stipulates that no research can be conducted in an institution which falls under the government without the approval of the Ministry of Health of Zimbabwe.

1.10.2 Respect for persons

Particular ethical principles promote respect for persons (Medical Research Council of Zimbabwe 2011:7-8). The right to self-determination or autonomy is based on the principle of respect for persons, which states that individuals have the right to decide whether or not to participate in a study, without the risk of penalty or prejudicial treatment (Burns & Grove 2009:181). The researcher ensured the participants' autonomy by seeing and treating them as individuals with rights and not as a means to an end.

1.10.3 Informed consent

Grove, Burns and Gray (2012:180) state that consent is the participants' confirmation that they are interested in being part of a study and obtaining it is mandatory in ethical research. The researcher informed the participants of the purpose, methods and intended possible uses of the study; that participation was voluntary, what it entailed and what risks or discomfort might arise. The researcher explained that participants would not be remunerated and that they were free to withdraw from the study at any time, should they wish to do so. The participants were allowed to ask any questions and were then asked to sign informed consent.

1.10.4 Beneficence

The right to protection from discomfort and harm is based on the ethical principle of beneficence, which holds that one should do good and, above all, do no harm (Burns & Grove 2009:190).

The Medical Research Council of Zimbabwe (2011:5) describes beneficence as the obligation to do no harm to participants and to maximize benefits to them. Researchers have an obligation to protect participants from unnecessary discomfort and harm (Polit & Beck 2012:152). The study presented no physical, emotional or social risk or discomfort to the participants. The overall benefit of the study was that it could contribute to the development of the new nursing programme (GNP) which would improve nursing standards.

1.10.5 Justice

The principle of justice could be described as the moral adjudication between competing claims. It is linked to fairness entitlement and equality. In the research participants were treated fairly and accorded privacy that they deceived (Grove et al 2012:158). No participant was more important than the other since all were treated as the same in the research.

1.10.6 Right to fair treatment

The right to fair treatment was assured by fully considering that the rights, interests and perspectives of nursing education stakeholders are approached with judgments which are open minded and impartial. All participants were treated equitably basing on their merits and abilities. The research ensured that participants received what they are due and what they really deserve.

1.10.7 Right to privacy

The researcher guaranteed the participants' privacy and anonymity by not revealing any identifying information. No participant, group or organization could be identified because codes were used instead of names. The researcher ensured privacy by interacting with

the participants in a manner that did not intrude or disturb their day-to-day life. Privacy was further ensured by carefully considering the sensitivity of the data, the individuals and the setting in which data was collected. The interviews were conducted in a private, secluded place which was free from interruptions and at a time convenient for the participants (Polit & Beck 2012:156).

1.10.8 Confidentiality

The researcher treated and kept the data confidential by ensuring that no one had access to it. Since data was collected through tape-recorded interviews and focus groups, the researcher kept the data transcripts and recording machine used for data collection locked in a steel cabinet. Only the researcher had access to the cabinet. Moreover, the researcher undertook to destroy the data when it was of no further use (Polit & Beck 2012:158).

1.11 DEFINITION OF KEY TERMS

For the purposes of this study, the following terms are used as defined below.

- **Guidelines**

In this study, guidelines are structured documents that delineate accreditation, philosophy, goals, objectives, learning experiences, instructional resources, and assessments of the GNP (Nurses Council of Zimbabwe 2016:8).

- **Development**

In this study, development refers to a multi-step, ongoing and cyclical process that progressed from evaluating the proposed GNP to designing and implementing the GNP and back to evaluation of the new programme (Nurse Council of Zimbabwe 2010:11).

- **Generic nursing programme (GNP)**

Hickey (2010:8) describes a generic nursing programme as a nursing education programme that prepares people with no professional nursing experience for entry into

the field of nursing which can lead to a licensed practical nurse degree, an associate degree of nursing or bachelor of science in nursing degree. In this study, the GNP refers to a completely new nursing programme and a four-year pre-registration Bachelor of Science Honours degree in Nursing Science, consisting of a set of courses and majors in midwifery, mental health nursing and community health nursing.

- **Nursing**

In the this study, nursing means the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counselling and teaching, case finding and referral, collaborating in the implementation of midwifery, psychiatric nursing and community health nursing.

- **Post-basic programme**

According to the Nurses Council of Zimbabwe (2016:10), a post-basic nursing qualification is a qualification that is taken by nurses who have a general nurse qualification and want to further their studies by acquiring an additional nursing qualification. In this study, a post-basic programme refers to a nursing qualification offered to people who are already nurses.

- **Preregistration**

Preregistration describes the programme that a nursing student undertakes in order to acquire the competencies needed to meet criteria for registration (Nursing and Midwifery Council 2010:2). In this study, pre-registration means before registering as a nurse.

- **Psychiatry**

Psychiatry research refers to a branch of nursing that deals with the science and practice of treating mental, emotional or behavioural disorders (Elder, Evans & Nizette 2013:264). In this study, psychiatry refers to the nursing speciality dealing with diagnosis and treatment of individuals and families with mental illness.

- **Midwifery**

Midwifery is working with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the new-born and the infant (International Confederation of Midwives 2011:1) In this study, midwifery refers to the independent management of women's health care, focusing on pregnancy, childbirth, the post-partum period, care of the new-born, and family planning and gynaecological needs of women (American College of Nursing and Midwifery 2010:3)

- **Community health**

Community health nursing deals with health promotion, health protection, disease and injury prevention, health surveillance, population health assessment as well as emergency preparedness and response (Canadian Public Health Association 2010:7). In this study, community health nursing refers to synthesis of nursing and public health practice applied to promote and protect the health of the population.

1.12 OUTLINE OF THE CHAPTERS

The study consists of seven chapters:

Chapter 1: Orientation to the study
Chapter 2: Literature review
Chapter 3: Research design and methods
Chapter 4: Data analysis and interpretation and results
Chapter 5: Guidelines for the GNP in Zimbabwe
Chapter 6: Conclusions, limitations and recommendations

1.13 SUMMARY

This chapter covered the research problem, aim, objectives and significance of the study; the research design and methods, and ethical considerations and defined key terms.

Chapter 2 discusses the literature review conducted for the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 briefly discussed the research problem, purpose, research design and methodology, and ethical considerations of the study. This chapter discusses the literature review conducted for the study.

A literature review assists researchers to comprehend and extend their knowledge of the phenomenon under study (Polit & Beck 2008:105). LoBiondo-Wood and Haber (2002:78) refer to a literature review as a systematic and critical review of published and unpublished literature on a topic. Bowling (2009:147) describes a literature review as a process in which a researcher chronologically organizes in writing that which is already known about a subject of interest. The purpose of the literature review was to familiarise the researcher with existing research on the topic, contextualise the study, and answer the research questions (Bryman 2008:81).

The literature review focused on nursing education in the United Kingdom (UK), Canada and America (USA) and the development of nursing programmes in developed and developing countries. Guidelines for the development of nursing programmes in different countries were also examined. The World Health Organization (WHO) (2011:1) refers to disparities in the development of guidelines for nursing programmes in the developed and developing world. For the purpose of this study, the UK, Canada and the USA were chosen to represent developed countries while Nigeria, Ghana, South Africa and Zimbabwe represented developing countries. Zimbabwe and South Africa, which are developing countries, follow the UK model of nurse education since they were former British colonies. The researcher organized the literature according to theme, methodology and chronology. This chapter synthesizes what is known and not known, what has been done and not done about guidelines for the development of nursing programmes in the selected developed and developing countries (Randolph 2009:1-13).

2.2 RATIONALE FOR THE DEVELOPMENT OF GUIDELINES FOR THE GNP

The guidelines for the development of nursing programmes are well-developed in some countries but still developing in others. To ensure the relevance of guidelines for the development of new nursing programmes or reviewing existing programmes, systems must be in place to ensure continuous review for both the institution offering the programme and the candidates.

In order to introduce the GNP, the researcher deemed it necessary to assess the requirements for the workforce, based on the expectations of the work environment, and the new nursing programme required for nurses to fill those roles. Guidelines for the GNP would ensure that patients, employers and the nursing profession benefit when nurses advance their education. Moreover, guidelines for the GNP would ensure that graduates of the programme respond to the demands of an evolving health care system and meet the changing needs of patients (WHO 2013:21).

The development of a new nursing programme should be necessitated by the need to improve the quality and standard of care offered to clients. Practice settings must constantly be monitored to ensure that they support good practice and effective standards of nurse education, and effective assessment of education and practice. When introducing a new nursing programme, every aspect should be looked at against this overarching imperative. Guidelines for developing new nursing programmes should contribute to public protection. Guidelines for newly developed nursing programmes need to be well publicised and explicit and agreed upon by all the parties concerned. The key players to be consulted on guidelines of a nursing programme need to be carefully and comprehensively identified. Formal and informal consultations are used to establish guidelines for the generic nursing programme (WHO 2011:4). In this study key players in the development of the GNP are referred to as actors in the development of the GNP.

The development of guidelines for the GNP is a process of deciding what is taught and learnt (content of the GNP), along with the considerations needed to make such decisions. Aspects to be considered include tasks, role expectations, resources, time and space and this is referred to as context of the GNP. In Zimbabwe the development of guidelines for a nursing programme is an institutional process which is sanctioned by formal structures in the educational sector, such as the Zimbabwe Nurses Council,

Zimbabwe Council of Higher Education and Ministry of Health of Zimbabwe (Uys & Gwele 2005:35). These regulatory bodies for nursing and higher education develop guidelines for nurse education programmes for the following reasons:

(i) Minimum standards of nursing education should be nationally determined to ensure safe care for the population.
(ii) National nurse education guidelines ensure good quality nursing education.
(iii) National guidelines ensure that the national health priorities are included in all nursing programmes.
(iv) Since registration of nurses is done nationally a national nursing guideline is essential.
(v) National curriculums should be developed by curriculum specialists and leaders since such development may require expert knowledge.
(vi) People who develop national guidelines are also responsible for making sure that educational institutions have the resources to implement such nursing guidelines.
(vii) If resources are not available, nursing guidelines are unrealistic and cannot be implemented (Uys & Gwele 2005:35).

2.3 THE WORLD HEALTH ORGANIZATION'S PERSPECTIVES ON THE DEVELOPMENT OF GUIDELINES FOR NEW NURSING PROGRAMMES

The World Health Organization (WHO) plays a major role in the development of guidelines for health professionals' education. The guidelines are expected to give rise to regional and country-based policy and technical dialogues with key stakeholders in education and training (WHO 2013:8).

According to the WHO (2013:3), admission to training for nurses responsible for general care shall be contingent upon completion of a general education of ten years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a member state or by a certificate attesting success in an examination of an equivalent level, for admission to a school of nursing. The training of nurses responsible for general care shall be given on a full-time basis. The training of general nurses shall comprise at least three years of study or four thousand six hundred hours (4600 hours) of theoretical and clinical training; the duration of the theoretical training representing at least one-third and the duration of clinical training at least one half of the minimum duration of the

training. Member states may grant partial exemptions to persons who have received part of their training on courses which are at least an equivalent level.

Institutions providing nursing training are responsible for the coordination of theoretical and clinical training throughout the entire study programme. Theoretical training is that part of nurse training from which trainee nurses acquire the professional knowledge, insights and skills necessary for organizing, dispensing and evaluating overall health care. The training shall be given by teachers of nursing care and by other competent persons, in nursing schools and other training establishments selected by the training institution. Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a health or sick individual and/or community, to organize, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge and skills which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organize overall nursing care, including health education for individuals and small groups, within the health institute or in a community (WHO 2013:4).

Nurse training shall take place in hospitals and other health institutions and in the community, under the responsibility of nurse teachers, in cooperation with and assisted by other qualified nurses. Other qualified personnel may also take part in the teaching process. Generally, nursing training should cover knowledge of sciences on which general nursing is based including an understanding of the structure, physiological functions and behaviour of healthy and sick persons as well the relationship between the state of health of sick persons and the relationship between the state of health and the physical and social environment. The physical and social environment of the human being, sufficient knowledge of the nature and ethics of the profession and of the general principles of health nursing remain fundamental. Furthermore, adequate clinical experience selected for its training value, should be gained under the supervision of qualified nursing staff, and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient (WHO 2013:3-4).

2.4 NEW NURSING PROGRAMME GUIDELINES IN DEVELOPED COUNTRIES

This section covers nursing programme guidelines in developed countries. The researcher selected the UK, Canada and the USA to represent developed countries.

2.4.1 The United Kingdom (UK)

In the United Kingdom (UK) guidelines for the development of a new nursing programme are laid down by the Nursing and Midwifery Council (NMC). The NMC's authority is derived from statute and it has a statutory obligation to protect the public. The NMC assures fitness for practice at the point of registration through determination of standards for nurse education and entry to the register for nurses. The standards in nursing education are assured through course and nurse education institutional approval, quality monitoring and periodic review (Robinson & Griffiths 2007:34). In most European countries, including the UK, nursing is based wholly or partly in the higher education sector and therefore is affected by the Bologna declaration to harmonize higher education across Europe. Decisions about changing aspects of pre-and post-registration nurse education are directed towards achieving comparability of credits and competencies at first degree, masters and doctoral level within (Europe Zabalegui et al 2006).

The UK offers more than one route to registration as a nurse, the routes include a diploma, an associate degree and degree. England is the only country in the UK which offers the diploma in nursing and the degree in nursing at University level. UK follows the core nursing programme which is followed by a specialist nursing qualification such as adult, child, mental, health or a learning disability nursing (Robinson & Griffiths 2007:34).

Pre-registration nurse education is offered at one level. Nurse education is offered at a university. The entry qualifications for one to become a nurse in the UK are 17 years of age, 11-12 years of general education and one is required to have certain grades in specific subjects. Maturity entry to nurse education is through access courses and vocational qualifications offered by further education colleges linked to universities offering nursing education. Exit qualifications in the UK include a nursing diploma or a degree in England while in Wales one attains a nursing degree only. In Scotland and Northern Ireland the Length of a diploma in nursing is 3 years while a degree is 3 or 4 years (Robinson & Griffiths 2007:5).

Findings from a study conducted by Zhang (2012:142) indicated that nursing education in UK is shifting to higher education. Project 2000 recommended a change across the whole of the UK from an apprenticeship model to university-based nursing education. The plan to move nursing into an all degree profession was confirmed by the Nursing and

Midwifery Council and is currently being established (NMC 2009). According to Zhang (2012:142) these plans were professional-based and were confirmed and implemented by the UK government. Since Zimbabwe's nurse education system is closely related to that of UK it is imperative to also shift the nurse education system for Zimbabwe to degree level offered at the university.

2.4.2 Canada

In Canada there are two levels of pre-registration namely registered nurse and licensed practical nurse. Registered nurse qualification is offered at a degree and diploma level. Most provinces of Canada have adopted a degree in nursing. Either a degree in nursing or a diploma in nursing is required for entry into the nursing profession. The Canadian Nursing Association (CAN) recommends that applicants choose the degree route as this offers better career opportunities and access to post graduate qualifications. Degree nursing programmes are offered by universities while diploma programmes are offered in community colleges. Entry requirements for a nursing programme varies from one school to another. The general requirements include high school graduation with senior level English or French, maths, chemistry, physics and biology. The degree nursing programme take up to 4 years while the diploma programme take 3 years. Those holding diplomas are allowed to upgrade themselves to a degree level by undergoing a one-year university course. Exit qualification is a Baccalaureate (BN or BScN) or a diploma (Robinson & Griffiths 2007:5).

General Nurse training is followed by specialization after registration. The exception is three courses that offer that offer direct entry psychiatric nurse training. These include two diploma programmes and one degree programme. In all provinces and territories except Quebec, graduates from general and psychiatric degree and diploma programmes have to pass a national licensing examination (the Canadian registered nurse exam) to be able to register(Robinson & Griffiths 2007:5).

In Canada, the College of Registered Nurses of British Columbia (CRNBC) is responsible for developing nursing programmes. The education review committee of the College (CRNBC) consists of twelve persons appointed by the board. The Board is CRNBC's policy-making and governing body. It receives its authority from the Health Professions Act Section 16 (2) (c) of Canada.

The education review committee may consult when developing a new nursing programme, as necessary with registrants or other individuals who have expertise related to a programme or course. The education review committee is responsible for reviewing new or changed nursing education programmes and courses required by applicants for registration (CRNBC 2015:9-13).

A substantial change means the revision of a recognized nursing education programme/course which includes a major change, rather than a formative modification. The new curriculum is expected to address the competencies and standards of practice, and resources must be available to support student achievement of competencies and standards of practice. Expected overall student academic performance including evaluation of student practice and policies about safe student performance must be in place. The substantially changed or new nursing education programme should meet the requirements for registration. The new programme must meet expectations about overall student academic performance, including evaluation of student practice and policies about safe student performance. An institution proposing to offer a new nursing programme is expected to submit a letter of intent to the Committee and obtain Board recognition of the programme prior to offering the new nursing programme. If an educational institution offers a new nursing programme before it is reviewed by the committee and recognized by the board the programme will not be eligible for registration with (CRNBC 2015).

According to the College and Association of Registered Nurses of Alberta (CARNA) (2013:4-5), a new nursing programme should have sufficient structures, and human, clinical, physical and fiscal resources so that students are capable of achieving the required entry-to-practice competencies. The new nursing programme should be supported by government, potential employers and the community. The organizational structure of the institution offering the nursing programme should demonstrates lines of authority and decision making which are pertinent to the new nursing programme.

A new nursing programme requires a sufficient number of faculty members with the theoretical knowledge and clinical expertise to meet the course objectives, designated programme outcomes, and entry-to-practice competencies. The minimum faculty requirements include full-time equivalency faculty positions for a faculty at a ratio of 1:10

to deliver all aspects of the nursing education programme and sufficient-full time continuous or tenure track faculty positions to ensure continuity of the nursing programme. Clinical resources should be available to enable students to meet the entry-to-practice competencies for the new nursing programme. An assessment of the appropriateness and applicability of clinical resources to the nursing education programme should include but not be limited to the proximity of students to the clinical facilities. Availability of clients from across the life span who present with a variety of health issues over a range of acuity and measures should be in place to ensure the safety of students and clients at all times. Resources should be available, including library and technical resources to enable students to achieve the course objectives and designated outcomes. There must be financial and budgetary arrangements for the establishment of the nursing education programme and for its continued operation (CARNA 2013:3).

The curriculum for a new nursing programme should provide the educational experiences necessary for students to achieve the entry-to-practice competence (CARNA 2013:3). The curriculum is guided by the philosophy of nursing education and the conceptual framework and entry-to-practice competencies are addressed throughout the programme. The curriculum is expected to be responsive to and reflect current and emerging trends, including health and wellness, legal and ethical considerations, diversity in client populations, evidence-informed nursing practice, education and research, health services and delivery and society.

The development of a new nursing programme should be guided by a curriculum with an overall organising framework, course sequencing, course descriptions, and course objectives that are logically structured, to achieve the course objectives, designated programme outcomes and entry-to-practice competencies. Nursing courses for a new nursing programme should constitute sixty percent of the curriculum as measured by course credits. Courses from the biological sciences, physical sciences, behavioural sciences, social sciences and humanities should be included in the new nursing programme. Allocated classroom, laboratory and clinical hours should enable students to meet course objectives, designated programme outcomes, and the entry-to-practice competencies. Clinical learning activities and placements for the new nursing program should be found in a variety of settings (acute, continuing, and community) with varying levels of acuity and complexity and with clients across the lifespan. The new nursing programme should allow the students an opportunity to consolidate theory and nursing

practice. There is systematic and continuous evaluation of all curriculum components including content learning activities, student evaluation methods and designated programme outcomes to ensure the ongoing development maintenance and enhancement of the curriculum (CARNA 2013:12-14).

A new nursing programme must have policies such as admission requirements specific to the new programme, selection of the most qualified applicants, utilizing the educational institution's criteria for most qualified, appeals, grievances and student discipline ethical treatment of students. Students should have access to services that increase their potential for success in the completion of the programme, such as learning support, personal counselling, academic counselling, student health services, learning resources and financial aid (CARNA 2013:12-14).

2.4.3 The United States of America (USA)

Pre-registration nurse education levels in USA include registered nurse and licensed practical nurse. There are three routes to registration as a nurse. The routes have different lengths and each with a different provider. A four-year bachelor's degree course BSN is offered by a university whereas a two-year associate degree (AND) is offered by a community college. The third route is a three-year hospital based school of nursing diploma (American Association of Colleges of Nursing [AACN] 2007).

A high school diploma or equivalent is the entry qualifications for a baccalaureate degree. Qualifies from all nursing programmes are required to pass a national examination held by the National Council of State Boards of Nursing. Nurses with associate degrees or diplomas or diplomas can take degree completion programmes leading to baccalaureate or master's degree. Qualifications to specialize in specific areas are obtained at post-registration level.

The duration for a licensed practical nurse diploma is one year. Licensed practical nurse is offered by community colleges. Licensed practical nurses can advance their nurse education through baccalaureate degree (AACN 2007).

Regulation of first level nurses in the USA is by licensing authorities in each state or territory. Each state has a Nurse Practice Act which establishes a board of nursing that

has a legal authority to regulate nursing. All the boards of nursing are members of the National Council of State Boards of nursing (NCSBN).

In the USA, the Accreditation Commission for Education in Nursing (ACEN) (2013: para 2.2-2.10) stipulates that a nursing graduate degree programme should be taught by qualified and sufficient number of staff. The teaching staff for a graduate degree programme in nursing should have a minimum qualification of a graduate degree and currently be enrolled in doctoral study. The graduate nursing programme should utilise preceptors who are academically and experientially qualified, oriented, mentored and monitored and have clearly documented roles. Credentials for full-time and part-time staff should meet the requirements of the governing organizations and the state. The number of full-time and part-time teaching should be sufficient to meet programme goals and objectives.

In Arkansas in the USA, an institution seeking to establish a new nursing programme leading to licensure shall submit a letter of intent to the Arkansas State Board of Nursing (ASBN). An application for a new nursing programme should comply with the approval process of appropriate state education approval authority. The institution wishing to offer a degree programme should be a post-secondary institution approved by the Arkansas Department of Education or hospital approved by the Arkansas Department of Health. An institution wishing to offer a new nursing programme must be prepared to offer the programme in a professional manner meeting such standards as shall be established in the Nurse Practice Act of the State of Arkansas. The following are required for a new nursing programme: purpose of new nursing programme, type of programme, mission, philosophy, accreditation status of the institution to offer the programme, availability of financial, material and human resources and physical structures and these are submitted to the Arkansas state nursing board (Arkansas State Board of Nursing 2013:15-16).

According to the National Task Force on Quality Nurse Practitioner Education (2012**:**4;9), to implement and maintain an effective nursing programme there must be an adequate number of faculty members, facilities and services that support nursing students. There must be sufficient qualified faculty to teach the nursing programme and the faculty-student ratio in the didactic component of the nursing programme must meet the students' educational needs. Facilities and physical resources must support the implementation of the nursing programme including access to adequate classroom space, models, clinical

simulations, audio-visual aids, computer technology and library resources are critical. Adequate faculty, clinical sites and preceptors should be available to support the nurse programme, clinical and educational experiences. Material and human resources are regarded as necessary for the achievement of high nursing standards.

The American Nurses Association (ANA) (2013:3) stipulates that faculty sufficient in number to accomplish the mission, goals and expected programme outcomes are needed for any newly developed nursing programme. The faculty should be academically and experientially prepared for the areas they teach. Preceptors used by the developed programme as an extension of faculty should be academically and experientially qualified for their role in assisting in the achievement of mission, goals and expected student outcomes. According to the WHO (2013:16), the institution providing the newly developed programme should provide and support an environment that encourages faculty teaching, scholarship service and practice in keeping with the mission, goals and expected outcomes.

2.5 NEW PROGRAMME GUIDELINES IN DEVELOPING COUNTRIES

This section discusses new programme guidelines in the developing countries of Nigeria, Ghana, South Africa and Zimbabwe.

2.5.1 Nigeria

The Nursing and Midwifery Council of Nigeria is a Government parastatal, which is the only legal, administrative, corporate and statutory body charged with the performance of specific functions of the federal government of Nigeria in order to ensure the delivery of safe and effective nursing and midwifery care to the public through quality education and best practices (Nursing and Midwifery Council of Nigeria 2015:1). The council is mandated by law to regulate the standards of nursing and midwifery education and practice in Nigeria and to review such standards from time to time to meet changing needs of the society. In Nigeria, the Committee for Basic Nursing is responsible for producing any new nursing curriculum. Entry qualifications for the Bachelor's degree nursing programme are university entry qualifications. Candidates with a pass in English, Biology, Chemistry, Physics and Mathematics at the senior secondary school certificate at not more than one sitting are eligible for the five-year degree programme in nursing. New

nursing programmes should be approved by the Minister of Health before they are taken to the Committee for Basic Nursing of Nigeria. The Nursing and Midwifery Council of Nigeria stipulates that it is an offence to provide any course of nurse training without the approval of the Minister of Health of Nigeria. Nigeria has a shortage of qualified faculty for nursing. It is therefore imperative to have sufficient and qualified human resources for any developed new nursing programme (Nursing and Midwifery Council of Nigeria 2015:1). Nigeria's nursing education needs adequate sources of funding since it is inadequately funded. According to Berner (2007:8) in order for faculty members to act as role models for their students and other faculty members they should have advanced clinical preparation in their areas of expertise.

The development of degree nursing programmes in Nigeria has resulted in a shift from hospital-based nursing education to university nursing education and from diploma nursing education to degree level nursing education. The difficulties and challenges faced in developing new nursing programmes in Nigeria include inadequate clinical facilities, which do not meet accreditation standards; inadequate funding; non-availability of adequately qualified faculty with the necessary experience, and lack of material resources. These challenges impact negatively on the standards of degree nursing education in Nigeria (Ezeounwu 2013:40). The independence of nursing boards or nurses' councils varies from partial to full control by the government. Developing a nurse education programme should be the responsibility of the government and the nurses' council (Agbedia 2012: 226-230).

2.5.2 Ghana

Ghana implemented a Bachelor of Arts degree and a Bachelor of Science degree in nursing in 1980 at the University of Ghana Legon. The duration of the course is four years for applicants who enter directly from secondary school and three years for registered nurses. Entry requirements for applicants coming straight from secondary school are the same as for other students admitted to science or social science faculties to pursue Bachelor of Arts or Bachelor of Science degrees (Klopper & Uys 2012:438).

In Ghana, guidelines for developing a nursing programme are regulated by specific regulatory bodies established by law with clear mandates to accredit the respective training institutions that produce the relevant cadres according to stipulated criteria. Each

of the professional regulatory agencies is headed by a registrar who is responsible for day-to-day administration. Each body has a governing council whose members are appointed by the president of the country for operations of its specific regulatory body. The Nursing and Midwifery Council is responsible for aspects of nursing and midwifery training practice. Accreditation of nursing institutions in Ghana is done by the National Accreditation Body (NAB) and the Nursing and Midwifery Council (NMC). Each of the bodies performs its assessments separately. The process involves submission of an application by the institution requiring accreditation with information on curriculum; curriculum teaching and training and available funds for sustaining the programme. The NAB appoints an accreditation panel that visits the site and evaluates the facility and all documents and submits a report to the NAB. Approval depends on findings of the NAB (Klopper & Uys 2012:438).

The WHO (2013: 6-8) emphasises the need for a comprehensive regulatory system to be put in place as a firm basis for a new nursing programme. The legislation will provide structure, support and a clear imperative in relation to policy. Standards set in legislation have to be used to guide the new nursing programme. Standards such as a code of conduct may be effective in providing guidelines for the GNP. The advantage of using standards as guidelines for the development of a new nursing programme is flexibility and ease of alteration to reflect changes in a new nursing programme. Examples of the guidelines for the development of a new nursing programme include:

- Entry criteria; for example, age academic level/qualifications, length/level of school
- Length/balance of theory and practice
- Academic level of qualification
- Competencies of level of nurse
- Final qualification
- Criteria for registration/licence to practice
- Criteria for maintaining registration/licence to practice
- Code of conduct/ethics
- Scope of practice defined
- Practice standards (Bell, Rominski & Bam 2013).

Unlike guidelines for developing nurse education programmes in developed countries, the WHO (2013:8) found that countries in sub-Saharan Africa, including Zimbabwe, are still at a level where guidelines for the development of new nursing programmes have a wider disparity. Guidelines for developing new nursing programmes among sub-Saharan countries lack uniformity and consistency. Ugochukwu, Uys, Karani, Okoronko and Diop (2013:117-131) found that the Sub-Saharan Africa region lacks the regulatory framework to monitor the regulations and standards pertaining to nursing education and practice. The independence of nursing boards or nurses' councils varies as does the extent of government control of nursing boards in developing countries.

2.5.3 South Africa

In South Africa, an institution's intention to develop a new nursing programme of nursing to add to existing programmes is referred to as extension of accreditation scope. The nursing education institution must apply to the South African Nurses Council (SANC) for extension of its accreditation scope for an additional programme. Accreditation means certification of an institution for a specified period recognizing it as an educational institution with a capacity to offer a prescribed programme upon compliance with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training. A nursing education institution must inform the council within thirty (30) days after any changes to the ownership, name, and head of the nursing education or governance structure of the institution (SANC 2005: par 1-8).

An institution wishing to offer a newly developed programme should be staffed by properly qualified faculty; have formal agreement(s) with one or more of the relevant authorities, which address the clinical learning opportunities, clinical accompaniment and supervision needs of learners placed in such health services; have a fixed address and access to sufficient clinical facilities appropriate for the achievement of the outcomes of the programme, and provide evidence of quality control mechanisms over clinical education and training. The institution must demonstrate that there is a need for the programme to be accredited. Such an institution must have resources and infrastructure that are adequate and relevant for the achievement of the outcomes of the programme (SANC 2005: par 1-8).

The accreditation process includes the submission of application for accreditation; the review of application for accreditation; an audit which may include an audit visit to validate evidence referred to in submitted documentation; a decision regarding accreditation and issuing of an accreditation certificate if the application is successful. The institution must be accredited by the Council to offer a programme prior to the commencement of such programme (SANC 2005: par 1-8).

In South Africa, increasing professionalization and a shift to university education are important features of the reforms of nursing education. Nursing colleges are required to become affiliated with university-based nursing departments, thereby officially placing them within the higher education system. In addition to affiliation of all colleges of nursing to universities, a new comprehensive four-year curriculum (including general nursing, midwifery, community nursing and psychiatric nursing) was introduced for the training of professional nurses in South Africa which could be completed through a nursing college diploma or university degree (Blaauw, Ditlopo & Rispel 2014:1). Compared to other developing countries, South Africa has more developed and detailed guidelines for developing a new nursing programme.

2.5.4 Zimbabwe

In Zimbabwe, a programme is eligible for registration even if it is not approved by the Nurses Council of Zimbabwe because the Ministry of Health overrides the Nurses Council. When an educational institution requires its new nursing programme to be reviewed it writes a letter of intent to the nurse education committee which will then determine the appropriate form of review. The current study is concerned with guidelines for the development of the GNP, which is a new nursing programme for Zimbabwe. The GNP will be offered by the University of Zimbabwe, an institution approved by the Ministry of Higher and Tertiary Education, and Parirenyatwa Central Hospital, approved by the Ministry of Health.

Developing a nurse education programme is the responsibility of the Ministry of Health and the Nurses Council of Zimbabwe. In Zimbabwe, guidelines for developing nurse education programmes at degree level is the responsibility of the university offering the degree programme, the Ministry of Health of Zimbabwe, the Zimbabwe Council for Higher Education, and the Zimbabwe Nurses Council (Zimbabwe Nurses Council 2012:11). The

Nurses Council of Zimbabwe regulates, controls and supervises all matters affecting the training of nurses (Nurses Council of Zimbabwe 2014:19). The approval process for a new nursing education programme is still being developed. When an institution of higher learning wishes to introduce a new nursing education programme, it submits its intention to the Ministry of Health of Zimbabwe which approves or disapproves the nursing programme, depending on the availability of sufficient human, material, infrastructure and financial resources (Zimbabwe Nurses Council 2014:3-4). If the new nursing programme is approved by the Ministry of Health of Zimbabwe, it is submitted to the Zimbabwe Council of Higher Education (ZIMCHE), which makes its own assessment. The ZIMCHE can approve or disapprove a new nursing programme. If the programme is approved, the submission is taken to the Zimbabwe Nurses Council, which makes its own assessment and determines whether the programme can be registered with the Zimbabwe Nurses Council (Ministry of Health 2011:15).

A clear policy needs to be agreed by the Zimbabwe Nurses Council and the Zimbabwe Government. Guidelines for the GNP are guided by having a system and policy in place that ensures the safety and welfare of students and faculty. Policy is established through a process of formal and informal consultation, if it is to be effectively put into practice. Total policy should relate to a comprehensive regulatory system even if implementation is incremental depending on availability of resources and infrastructure. Effective consultation is essential if the eventual policy for the GNP is to have the goodwill and support of nurse education stakeholders (WHO 2013:10).

The prerequisite for good primary legislation is a clear workable policy. Since nursing policy is usually contentious, it is imperative to gain as much support as possible from nurse education stakeholders. This will avoid challenges to the new nursing legislation or slowing down the process. Once the policy has been agreed, the preparation of the legislation to put the nursing policy into effect can begin (WHO 2013:9).

Guidelines for the GNP should have a budget allocation and budget control that meets conducting needs assessment and the setting up of the GNP. Finance will also be needed for material and human resources.

Nursing education goals form the basis of the GNP guidelines. The GNP goals express the focal points of the total nursing programme. Consequently, the GNP goals need to be

comprehensive, clear and specific. There should be congruency between the goals of and the guidelines for the GNP.

2.6 ROLE OF THE NURSES COUNCIL OF ZIMBABWE IN THE REGULATION OF THE GNP

The regulation of nursing education varies from country to country, with some being nationally based and others regionally based (Robinson & Griffiths 2007**:**5). The authorities responsible for nurse education in each country vary from government ministries of education and/or health to national nursing organizations and independent statutory bodies.

In Zimbabwe, nursing education is regulated by the Nurses Council of Zimbabwe, which was established through the Health Professions Act, 2000 (Chapter 27:19). The core values of the Council are commitment, respect, teamwork, integrity, and honesty, and its vision is to 'saturate nursing with integrity and honesty'.

The Nurses Council of Zimbabwe is responsible for regulating, controlling and supervising all matters affecting nurse education, including licensing, and recommending the GNP to the Ministry of Health and Child Welfare. The Council is responsible for evaluating and monitoring the standards of qualifying examinations, courses and training for nurses, as well as recommending minimum curriculum and entry requirements for the GNP.

The minimum qualifications for nurse educators who teach the GNP are set by the Nurses Council of Zimbabwe. The Council's functions include developing and recommending policy for the accreditation of the GNP; liaise with the Zimbabwe Nurses Association; playing a collaborative role by promoting liaison in the field of nurse education in Zimbabwe and internationally, and monitoring, enforcing, and improving the standards of such nurse education in Zimbabwe (Ministry of Health and Child Welfare 2005:7).

The regulation of any nursing programme should be guided by the principles stipulated by the International Council of Nurses (ICN) (2012). The principles are: purposefulness; relevancy; definition; professional ultimacy; multiple interests and responsibility; representational balance; professional optimacy; flexibility; efficiency and congruency; universality; fairness and inter-professional equity, and compatibility (WHO 2013:29-32).

The guidelines for the development of the GNP should be firmly guided by these principles in the Zimbabwe setting. The principle of purposefulness will ensure that guidelines for the development of the GNP are directed towards a specific purpose, namely service to and protection of the public.

To ensure relevancy, the GNP should achieve its intended purpose. There must be continuous improvement of the standard and quality of care offered to patients as a result of the GNP.

The definition of nursing and nurse should be at the centre of guidelines for the GNP. The GNP should ensure that nurses have the prerequisite knowledge and skills required to deliver effective care at all times. The guidelines for the development of the GNP should be in accordance with its social contribution. According to the WHO (2013**:**29-32**),** it is the responsibility of a profession to take a leading role in its governance therefore guidelines for the GNP should be developed by nurses.

2.6.1 Clinical facilities

According to the Connecticut Department of Public Health (2009**:**6), the parent institution responsible for the nurse education programme shall provide facilities which include a library with sufficient up-to-date resources and services, adequate office space, conference rooms, classrooms and nursing laboratories sufficient to meet the needs of the programme. Health care entities utilized by the nursing programme must provide the range of clinical nursing experiences appropriate to the course objectives. Quality clinical practice facilities are dependent on willingness, sound communication and mutual understanding between clinical faculty and academic faculty. Literature about clinical sites for nurse education in Zimbabwe is scanty since there are no researches done in that area. Findings related to clinical sites in countries such as the US and UK will help in the development of guidelines for the GNP, since Zimbabwe applies their education system.

2.6.2 Entry qualifications

According to the Nursing and Midwifery Council (NMC) (2010**:**5-10)**,** in the UK, admission to training of nurses responsible for general nursing care requires completion of general

education of 12 years as attested by a diploma, certificate or any other evidence issued by the competent authorities or bodies in each of the countries of UK or a certificate attesting success in an examination of an equivalent level and giving access to universities or to higher education institutions of a level recognised as equivalent or completion of general education of at least 10 years, as attested by a diploma, or certificate attesting success in an examination of an equivalent level and giving access to a vocational school or vocational training programme for nursing.

Therefore, entry requirements for the GNP should be guided by the aforementioned entry qualifications since Zimbabwe follows the UK nurse's education system. The current research study sought to come up with guidelines for the GNP.

2.6.3 Nursing faculty

The National Council of State Boards of Nursing (NCBN) (2008:2) stipulates that nursing faculty in registered nurse (RN) programmes (full-time and part-time) shall have either a master's degree or a doctoral degree in nursing. Their education should include graduate preparation in teaching and learning, including curriculum development and implementation. Clinical preceptors shall be educated at or above the level for which the student is preparing. Faculty for general nurse education should have a minimum of master's in nursing with graduate preparation in clinical practice (Spector & Alexander 2006:195). Zimbabwe has an exchange programmes in nursing education with the UK and US. This scenario has enabled Zimbabwe to develop its own nurse education faculty and determine the context and content within which nursing education is rendered in Zimbabwe. The relationship between Zimbabwe and UK nurse education systems dates back to the colonial time when Zimbabwe was a British colony. Zimbabwe still follows the UK nurse education system (Nurses Council of Zimbabwe 2014:6).

2.6.4 Content of the GNP

General Nurse Education in Zimbabwe closely resemble UK nurse education since Zimbabwe is a former British Colony. According to the (WHO 2009:5-10), training leading to the award of a formal qualification of nurses responsible for general care shall consist of two parts: nursing and basic sciences. Nursing includes the nature and ethics of the nursing profession, general principles of health and nursing, nursing principles in relation

to general and specialist medicine, general and specialist surgery, childcare and paediatrics, maternity care, mental health and psychiatry and care of the old and geriatrics. Basic sciences shall consist of anatomy and physiology, pathology, bacteriology, virology and parasitology, biophysics, biochemistry and radiology, dietetics, hygiene preventive medicine, health education, pharmacology, and social sciences: sociology, psychology. Principles of administration, principles of teaching, social and health legislation and legal aspects of nursing are also included.

The clinical instruction of the GNP will cover nursing in relation to general and specialist medicine; general and specialist surgery; child care and paediatrics; maternity care; mental health and psychiatry; care of the old and geriatric, and home nursing.

2.6.4 Curriculum

The nurse education curriculum should meet the requirements of the parent institution within which the nurse education programme is offered and the state requirements for eligibility. According to the WHO (2009:5) training for nurses responsible for general nursing care shall be given on a full-time basis and shall comprise at least a total of three years with a total of at least 4 600 hours of theoretical and clinical practice. The duration of theoretical training shall represent at least one third and the duration of the clinical training shall represent at least one half of the minimum duration of the training. Partial exemptions to professionals who have received part of their training on courses which are at least of an equivalent level (WHO 2005:5).

2.7 SUMMARY

This chapter discussed the literature review conducted for the study. The World Health Organization (WHO) (2011:1) refers to disparities in the development of guidelines for nursing programmes in the developed and developing world. The researcher, therefore, selected the UK, Canada and the USA to represent developed countries, and Nigeria, Ghana, South Africa and Zimbabwe as developing countries.

Chapter 3 describes the research design and methodology for the study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The literature review conducted for the study was discussed in chapter 2. This chapter describes the research design and methodology used to achieve the objectives of the study and answer the research questions.

3.2 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of the study was to develop guidelines for the GNP regarding content, context, actors and process. In order to achieve the purpose, the objectives were to

- determine the content of the GNP for Zimbabwe
- explore the context in which the GNP is developed for Zimbabwe
- determine the actors involved in the development of the GNP
- develop guidelines for the GNP

Therefore, the study wished to answer the following questions:

- What is the content of the GNP for Zimbabwe?
- In what context will the GNP be developed for Zimbabwe?
- Who is involved in the development of the GNP for Zimbabwe?
- What guidelines should be developed for the GNP for Zimbabwe?

3.3 RESEARCH DESIGN

A research design is the set of logical steps taken by the researcher to answer the research questions (Brink et al 2006:217; Saunders, Lewis & Thornhill 2015:136). A research design is an overall plan for obtaining answers to research questions (Polit & Beck 2010:66). Burns and Grove (2009:195) refer to a research design as a blueprint for conducting a study with maximum control over factors that may interfere with the validity

of the findings. A research design, then, is a logical plan that shows how a study is to be conducted. The researcher adopted a non-experimental, qualitative, explorative, descriptive and contextual approach and selected a qualitative research design for the study.

3.3.1 Qualitative

Qualitative research is a means of exploring and understanding the meaning individuals and groups ascribe to social problems (Creswell 2013:246). According to Burns and Grove (2009:196), qualitative research is a systematic subjective approach used to describe life experiences and situations to give them meaning. Qualitative research focuses on the experiences, opinions, feelings and uniqueness of individuals thereby producing subjective data (Parahoo 2006:57).

Qualitative studies examine participants' knowledge and practices and take into account their perceptions and practices in the field. Participants are viewed differently because of their different subjective perspectives and social background (Flick 2009:38). The researcher selected a qualitative design based on a constructivist paradigm to collect and corroborate data and enhance the credibility of the study.

The researcher used a qualitative, explorative case study for the study. According to Yin (2013:4), a single case study strategy is justifiable when the case serves a revelatory purpose. The researcher considered this strategy appropriate for the study with its focus on contemporary rather than historical events. The research questions focused mainly on the "what" of examining and developing guidelines for the GNP. Some types of "what" questions are exploratory and are a justifiable rationale for conducting an exploratory study (Yin 2013:4-5). An explorative case study is used to explore situations in which the intervention being evaluated has no clear set of outcomes (Yin 2013:5). The single holistic case study involved nurse education stakeholders' perceptions of the development of guidelines for the GNP in the context of the Zimbabwe nursing education system.

The rationale for adopting a qualitative research approach was to explore and describe the participants' views on guidelines for the development of the GNP in Zimbabwe. A qualitative case study approach was suitable because it allowed the researcher to pursue

perceptions and ideas about the development of guidelines for the GNP (Baxter & Jack 2008:544).

Time, availability and type of participants made it feasible to conduct a non-experimental study (Polit-O'Hara, Hungler, Polit & Beck 2001:178). Qualitative studies do not interfere with the natural behaviour of participants being studied. In the study the topic is new and has not been addressed with a certain sample or group of people and existing theories do not apply (Creswell 2013:45). Although the findings cannot be generalized beyond the study, gaining rich data took precedence over eliciting data that could be generalized to other geographic areas or populations (Johnson & Onwuegbuzie 2004:19). The data provided the participants' personal experiences, and emic or insider's perceptions, which described the phenomenon under study in rich detail as it was situated and embedded. Moreover, the study provided primary context bound data and enabled the researcher to immerse himself in the participants' natural setting and develop a relationship with them. This provided thick descriptions and simultaneous data collection and analysis (Fick 2009:12). The focus of the study was to develop guidelines for the GNP based on the participants' views.

3.3.2 Case study

The researcher used a qualitative case study to facilitate the development of guidelines for the GNP within its context. A case study is a detailed examination of an event or series of related events which the researcher believes exhibits the operation of some identified general theoretical principles (Rhee 2004:1). According to Yin (2013:16), a case study is an empirical inquiry that investigates a contemporary phenomenon in its natural context especially when the boundaries between phenomenon and context are not clearly defined and relies on multiple sources of evidence. According to McMillan and Schumacher (2010:34), a case study examines a bounded system or a case over time in detail, employing multiple sources of data found in the setting. In this study, the case applies to the case study of the GNP within the subsections of content, context, actors and process.

There are three types of case studies, namely intrinsic, instrumental and collective (Yin 2013:10). Intrinsic case studies wish to understand a particular case. Instrumental case studies wish to gain insight into research questions. Collective case studies extend

instrumental ones to several cases. Case studies may be exploratory, descriptive or explanatory. If the research is mainly focused on “what” questions, it may call for an exploratory case study. An explanatory case study is used when there are “how” or “why” questions. A descriptive case study focuses on background information and an accurate description of a case in question (Yin 2013:10). The researcher selected an exploratory case study to determine what the content of the GNP was, what its context was and what guidelines should be developed for it.

A criticism of case studies is that their results cannot be generalized (Yin 2003:76). Case studies are only generalizable to theoretical propositions and not populations or universes. The purpose of case studies is analytical generalization to expand theory and not statistical generalization. Case studies make naturalistic generalisations which are different from deductive generalizations based on statistical analysis. Donmoyer (2000:46) points out that human beings act toward things that are meaningful to them and because meanings are generated by social interaction rather than external causes. However, Gomm, Hammersley and Foster (2000:111), maintain that generalization of results of a case study should not be dismissed. Instead, the boundaries of a case or cases should be carefully clarified in order to make appropriate generalizations and cases should be carefully selected. The findings of this study were not intended for generalization to a larger population. The findings were only used to make analytical generalizations to expand theory (Yin 2013:11).

A case study can be embedded (multiple units of analysis), holistic (single unit analysis), single case design and multiple case design (Yin 2013:11). The researcher conducted a single case study.

3.4 RESEARCH METHODOLOGY

Research methodology is the process or plan for how the study will be conducted and includes the population, sample and sampling, data-collection instrument, and data collection and analysis (Burns & Grove 2009:264). Research methods are the techniques used to structure a study and to collect and analyse information relevant to the research questions (Polit & Beck 2012:741).

3.4.1 Population

A population is “the total number of units from which data can potentially be collected’’ (Parahoo 2006:256). A research population refers to the entire set of elements, individuals or objects having some common characteristics in which a researcher is interested (Polit & Beck 2010:337; Fawcett & Garity 2009:135). Polit and Beck (2012:273) distinguish between the target and the accessible population. The target population is the aggregate of cases about which the researcher would like to generalise. The accessible population is the aggregate of cases that meet the inclusion criteria and are accessible as participants for a study. In this study, the population comprised all nurse education stakeholders in Zimbabwe and international nurse education experts.

3.4.2 Sampling

Sampling is the process of selecting a part of the population to represent the total population (Polit & Beck 2012:290). Burns, Grove and Gray (2012:134) describe sampling as a process of selecting events, people or other typical elements to conduct a study. There are four types of sampling, namely quota, snowball, judgmental and purposive (Polit & Beck 2012:291; Babbie 2010:193). Purposive or non-probability sampling is used in qualitative research to select study participants because they understand the research problem and phenomenon under study (Creswell 2013:225). In purposive or non-probability sampling, the researcher selects participants based on personal judgement about which ones will be the most informative provide extensive information about the experience being studied (Polit & Beck 2012:291; Burns et al 2012:137; Patton 2015:264-265).

Purposive sampling is the selection of participants or sources of data to be used in a study, based on their anticipated richness and relevance of information in relation to the study’s questions (Yin 2011:311).

In this study, the researcher used purposive sampling to select nurse educators working in the nursing directorate, Zimbabwe Nurses Council directorate, Zimbabwe Nurses Council nurse education committee members, senior nurses working with student nurses in the clinical area at Parirenyatwa Hospital and lecturers in the Department of Nursing

Science of the University of Zimbabwe, and post-basic community health, midwifery and mental health students, and international nurse education experts.

The participants for the interviews, the two focus groups and the Delphi technique were selected because of their suitability for the study. The Delphi technique focuses on eliciting expert opinion therefore the selection depended on the areas of expertise required for the development of the GNP. The participants included in the Delphi technique needed to have sufficient time to participate and be nurse education experts (Aigbavboa & Thwala 2012:155). Accordingly, the participants included top management in nurse education in Zimbabwe, South Africa, Lesotho, Botswana, Malawi, Saudi Arabia, the USA, the UK, the WHO and the International Council for Nurses (ICN) whose judgements were sought (Hsu & Sandford 2007:3).

3.4.3 Sample

A sample is a subset of a population (individuals, elements or objects) or a group selected to act as representatives of the population as a whole and who meet specific inclusion criteria (Polit & Beck 2012:275; Babbie 2010:199).

To be included in the study, the participants had to

- be expert in nursing education; that is be informed individuals in nursing education
- have knowledge of and experience in nurse education
- be willing to participate voluntarily in the study (Aigbavboa & Thwala 2012:155)

The researcher selected a sample of 49 participants for the study (see table 3.2). Semi-structured interviews were conducted with 20 participants; 19 participants participated in the two focus group discussions (focus group 1 had 9 and focus group 2 had 10 participants). With regard to the Delphi technique, a less complex phenomenon and a more homogenous group call for a smaller number of experts (Hsu & Sandford 2007:3). In this study, 10 experts participated in the Delphi technique, representing a broad background. Table 3.1 lists the number of participants in the three data-collection methods.

Table 3.1 Participants and data-collection methods

Data-collection method	Number of participants
Semi-structured interviews	20
Focus group 1	9
Focus group 2	10
Delphi technique	10
Total	**49**

3.4.4 Data collection

Data collection is the precise, systematic gathering of information relevant to the research purpose or objectives of the study (Burns & Grove 2009:266; Polit & Beck 2012:60). In qualitative research, data collection is flexible due to the continuous evolution in the already collected data (Burns & Grove 2011:507). Qualitative data collection uses various forms such as interviews, observations, documents and records (Creswell 2014:291).

Data was collected using semi-structured interviews, two focus group discussions and the Delphi technique. The Delphi technique used a questionnaire with open-ended questions, which was administered by electronic mail. A combination of semi-structured interviews, focus group discussions and the Delphi technique was used in order to increase the quality of the data collected and ensure authenticity (Polit & Beck 2012:532). The use of multiple data-collection methods assisted data triangulation to enhance the validity of the findings.

3.4.4.1 Semi-structured interviews

An interview is a face-to-face interaction in which the researcher seeks spoken answers from participants (Bryman 2008:192). Qualitative interviewing is a deliberate strategy of discovering how people feel and think about their world including their experience of their world. Specific areas are explored during these interviews (Creswell 2013:173).

The researcher obtained permission from the participants to audio-record the semi-structured interviews (Charmaz 2006:26; Creswell 2013:168).

The researcher developed an interview guide for the interviews (Johnson & Christensen 2008:208). The questions were open ended and based on the literature review. Interviews provide information, clarify vague statements, permit exploration of topics and yield experiential data from participants (Denzin & Lincoln 2005:697-698). The researcher did not always follow the exact order of the interview guide. For example, participants sometimes answered a question while narrating their experience before it could be asked. In addition, on occasion the researcher asked questions not included in the interview guide in order to clarify relevant and important aspects mentioned by participants (Bowling 2009:285; Creswell 2013:163). For example, “Please explain what you mean by your selling of medication in remand because of hunger.” The researcher audio-recorded the interviews and took notes during the interviews (Turner 2010:756). The interviews were conducted in the participants’ offices.

3.4.4.2 Focus group discussions

A focus group discussion is an interaction between one or more researchers and more than one participant for the purpose of collecting data (Parahoo 2006:13). Kumar (1987:3) describes a focus group discussion as a rapid assessment, semi-structured data-collection method in which a purposively selected set of participants gathers to discuss issues and concerns based on a list of key themes drawn up by the researcher or facilitator.

The researcher conducted two focus group discussions. Focus group 1 consisted of nine (9) three-year generic diploma mental health nursing students. Focus group 2 consisted of five (5) post-basic community health nursing students and five post basic midwifery nursing students. The focus group discussions were conducted in addition to the interviews and the Delphi technique in order to minimize bias, enrich the findings, confirm the results and overcome disadvantages of a Delphi technique (Patrick 2009:1).

3.4.4.3 Delphi technique

The Delphi technique was developed and designed as a group communication process aimed at conducting detailed examinations and discussions of a specific issue for the purpose of goal setting, policy investigation or predicting the occurrence of future events (Hsu & Sandford 2007:1). It is a widely used and accepted method for collecting data

from respondents within their domain of expertise. The Delphi technique is well suited as a method for consensus-building by using a series of questionnaires and multiple iterations to collect data from a panel of selected subjects (Hsu & Sandford 2007:1). The technique is used to obtain the most reliable consensus of opinion of a group of experts by a series of intensive questionnaires interspersed with controlled feedback. The purpose is to achieve consensus on a certain issue where no agreement previously existed (Keeney, Hasson & McKenna 2011:4).

Using the Delphi technique provides anonymity to respondents, a controlled feedback process, and the suitability of a variety of statistical analysis techniques to interpret the data (Aigbavboa & Thwala 2012:155). Theoretically, the Delphi process can be continuously iterated until consensus is determined to have been achieved (Keeney et al 2011:4). The number of Delphi iterations depends largely on the degree of consensus sought by the researcher and can vary from three to five (Keeney et al 2011:4). In this study, three iterations were used to achieve consensus on guidelines for the development of the GNP from the participants.

The Delphi technique consists of four steps: planning, setting up the expert panel, administering the questionnaires, and interpreting the findings for decision-making.

Planning involved:

- Identifying and engaging experts.
- Determining the specific purpose, focus and scope of the Delphi technique.
- Developing time lines for the Delphi technique, which included intended deadlines, setting up the expert panel, sending out questionnaires, receiving responses from each questionnaire, analysing and interpreting the final results.
- Determining how consensus from the responses would be defined.
- Creating the first questionnaire for the Delphi study and pilot testing the questionnaire.

The researcher selected the participants for this stage of the study with the assistance of prominent nurse education experts whom he knew. The selected participants were specialists in different areas of nurse education. To be included in the study, the participants had to

- have technical knowledge and professional experience in nurse education
- be willing and able to participate in the study
- be neutral in their assessment and maintain confidentiality
- agree to participate

Ten experts were purposively selected for the Delphi technique. The participants comprised one nurse education expert each from Zimbabwe, South Africa, Lesotho, Botswana, Malawi, the USA, the UK, Saudi Arabia, the WHO and the International Council of Nurses (ICN). The researcher selected the expert from the UK because the nurse education system for Zimbabwe follows the UK model of nurse education. Table 3.2 lists the distribution of the participants for the Delphi technique.

Table 3.2 Distribution of participant nurse education experts

Country/organisation	**Number of experts**
Zimbabwe	1
South Africa	1
Lesotho	1
Botswana	1
Malawi	1
Saudi Arabia	1
USA	1
UK	1
WHO	1
International Council of Nurses (ICN)	1
Total	**10**

Round 1: In the first round, the Delphi process made use of open-ended questionnaires which were sent to the participants by electronic mail. The questionnaires were sent with clear instructions of how questions were to be answered and when they should be returned. The questionnaire served as the cornerstone of eliciting specific information about guidelines for the GNP from the Delphi subjects (Aigbavboa & Thwala 2012:155; Keeney et al 2011:4). After receiving the participants' responses, the researcher converted the collected data into a well-structured questionnaire. This questionnaire was used as the survey instrument for the second round of data collection.

Round 2: In the second round, each Delphi participant received the second questionnaire and was asked to review the items summarized by the researcher based on the information provided in the first round. The participants were given an opportunity to rate or "rank order" items to establish preliminary priorities among guidelines for the GNP. Round 2 identified areas of disagreement and agreement among the participants (Hsu & Sandford 2007:11; Aigbavboa & Thwala 2012:155). The participants were also asked to state the rationale for rating priorities among guidelines for the GNP. In this round, consensus began forming and the actual outcomes were presented among the participants' responses.

Round 3: In the last round, the list of remaining items on guidelines for the GNP, their ratings, minority opinions, and items on guidelines for the GNP achieving consensus were distributed to the participants. This round provided a final opportunity for participants to revise their judgments.

The aggregation of the participants' subjective judgements was achieved by averaging their responses and pooling together the results.

3.4.5 Data analysis

Data analysis is a process of bringing order, structure and meaning to the mass of collected data (De Vos et al 2006:339). Polit and Beck (2012:725) define data analysis as "the systematic organisation and synthesis of research data".

Qualitative data analysis involves fitting data together, making that which is not obvious visible, by linking and attributing consequences to antecedents (Polit & Beck 2012:556). Yin (2003:109) maintains that data analysis consists of examining, categorizing, tabulating and testing qualitative evidence to address the initial proposition of the study. According to Hsieh and Shannon (2005:1278), qualitative data analysis is the subjective interpretation of the content of text data through the systematic classification, process of coding and identification of themes or patterns. The researcher analysed the data by focusing on deriving patterns in the data by means of thematic codes.

In this study, the researcher used verbatim transcriptions before data analysis and making sure that the transcriptions were an accurate reflection of what had transpired during the

semi-structured interviews, the focus group discussions and the Delphi technique questionnaires. This was done by converting spoken words from semi-structured interviews, the two focus groups and written words from the completed Delphi technique questionnaires into text in such a way that a message was captured exactly the way it had been spoken. The researcher wrote down ideas and codes and their relationships during analysing and coding (Miles & Huberman 1994:72). This demanded that the researcher listen attentively, read the answers carefully and pay attention to detail.

The study used an exploratory qualitative case study approach therefore it made use of explanation building, which is a type of pattern matching which aims to analyze data from a case study by building an explanation about it (Yin 2003:109). Explaining refers to the process of building a set of causal links of how or why something happened (Miles & Huberman 1994:72).

The researcher coded the transcripts manually to facilitate control and ownership of data by the researcher. Manual coding allowed the researcher to be close to the data which enabled microanalysis of the data which, in turn, involved seeing data and assigning codes at the same time (Bazeley 2007:92, Saldana 2009:22). The researcher did line-by-line coding and analysis, which facilitated comparing new data with what was already coded (Charmaz 2006:50). The researcher also checked the findings with the participants to enhance the trustworthiness of the findings (Hartley 2004:330). The use of software would cause some loss of data through obliteration or missed hidden networks, liminal and nuanced statements which were the inherent reality of data (Charmaz 2006:73).

Coding enabled the compilation and organization of the data, identifying a particular phenomenon through the use of specific labels in the data. The researcher went through all the textual data, namely the semi-structured interview, focus group discussion and Delphi technique questionnaire transcripts, in an orderly manner.

A combination of pre-set and open process codes was employed. The researcher used priori codes to begin data collection and the coding process. The researcher used prior knowledge of nurse education, the conceptual framework, list of research questions and problem areas to arrive at initial codes. A codebook was created with a list of codes and their meaning. Provision was also made to accommodate emergent codes which are

concepts, ideas, actions, relationships and meanings that emerge in the data and are different from the pre-set codes. In the process of data coding the researcher refined the coding scheme by adding, revising, expanding and collapsing the coding categories. The researcher made codes to fit the data throughout the coding process.

The main themes and central story lines from the semi-structured interviews, the focus group discussions and the Delphi technique questionnaires were abstracted to form a dense texture of relationships around the axis of a category (Strauss 1987:64). The next stage was developing axial coding around the main themes from the semi-structured interviews, focus groups and Delphi technique questionnaires. A texture of relationships that emerged from the findings was built on Walt and Gilson's health policy triangle concepts that were related to the findings. For example:

- Context within which guidelines for the GNP are developed
- Content of guidelines for the GNP
- Actors involved in developing guidelines for the GNP
- Development of guidelines for the GNP

All the themes centred on Walt and Gilson's (1994) health policy triangle as well as the following:

- Resources for the GNP
- Courses to include in the GNP
- Entry qualifications for the GNP

These themes related to the development of guidelines for the GNP and revolved around context, content, actors and process. The concepts assisted in specifying conditions that would assist in developing guidelines for the GNP. The conditions included the environment in which guidelines for the GNP are developed, which is within a socio-economic and political climate. Content involved what courses to include in the GNP and their sequencing. Actors are people and institutions who should have a say in the development of guidelines for the development of GNP, including accrediting board of nursing, the government, health ministry officials, nurse educators and individual nurse

education experts. The process included factors such as triggers of need to have a GNP up to the development of guidelines for the GNP.

Coding led to the construction of axial codes which reflected an integrated relationship between them and the preceding open codes (Charmaz 2006:63). The main theme that emerged from coding was the web of intricate relationships that revolved around context, content, actors and process in the development of guidelines for the GNP. Further contextualization of the relationships between codes was done through the use of field notes, the researcher's reflections as he interacted with the participants and data. Using Walt and Gilson's (1994) health policy triangle as a guiding theoretical framework, the data analysis was integrated and dimensionalised to create an understanding of the intricate realities of development of guidelines for the GNP in Zimbabwe. The researcher's interpretation of the abstracted information therefore provided the context against which guidelines for the GNP in Zimbabwe would be developed. The data was co-coded by the two supervisors after which a consensus discussion was held to verify the meaning of the codes.

3.5 TRUSTWORTHINESS

Trustworthiness is "the degree of confidence that qualitative researchers have in their data, using the strategies of credibility, dependability, confirmability, and transferability" (Polit & Beck 2012:745). To ensure the trustworthiness of the study, the researcher used credibility, dependability, confirmability, transferability and authenticity (Lincoln & Guba 1989:301).

3.5.1 Credibility

Credibility of the data in the research was ensured by persistently observing the participants before, during and after the semi-structured interviews and focus group discussions and reading the answered Delphi technique questionnaires carefully. The researcher also engaged in peer debriefing which involved making analysed data from this study available to the two supervisors to explore researcher biases and to clarify the meaning and basis upon which the interpretation is based. Peer scrutiny by colleagues was done by attendance at two research conferences in Zimbabwe.

The researcher did member checks on the accuracy of the data with participants by allowing them to go through the transcripts and check for accuracy. This was done soon after the data analysis and at the end of the study.

Prolonged engagement was done by spending sufficient time with the participants during data collection to understand their different views. Prolonged engagement allowed the researcher to establish good rapport with the participants and also ensured prolonged saturation of certain categories. The participants were interviewed until no new information was obtained to ensure saturation of data.

Triangulation of data sources included using semi-structured interviews, two focus groups and questionnaires administered through the Delphi technique. The respondents for the Delphi technique were from different countries and different nurse organizations.

The researcher clearly outlined the processes of the study, including the research design, implementation, data collection and analysis, so that the study can be replicated by different researchers.

3.5.2 Dependability

Dependability refers to the stability of data over time and conditions (Polit & Beck 2012:538). The research findings will remain unchanged should the study be repeated in different settings with different participants. In this study the researcher also used data triangulation to establish reliability (dependability) (Brink et al 2006:118).

Dependability shows that if the study was repeated in the same context similar results would be obtained. The researcher described the process in detail to allow researchers to assess the extent to which proper research practices were followed (Shenton 2004:65).

In this study, dependability was achieved by outlining the decisions made throughout the research process to provide a rationale for the researcher's methodological interpretation. The audit trail revealed the process by which the end product was achieved and truthful descriptions which researchers can identify.

3.5.3 Confirmability

Confirmability is a criterion for integrity in qualitative research and refers to the objectivity or neutrality of the data and interpretations (Polit & Beck 2012:585). Confirmability demonstrates credibility, dependability and transferability of a study as the degree to which the results could be confirmed by others as a way to ensure neutrality (Kumar 2011:185). Therefore, confirmability is a means of establishing that the data collected represents the information provided by the participants and that the interpretations are not influenced by the researcher's preconceptions or imagination (Polit & Beck 2012:585).

The participants confirmed the quality of the results. In addition, the researcher referred to the literature review to confirm his interpretations as internally coherent and representing the participants' actual views (Lincoln & Guba 1989:243).

3.5.4 Transferability

Transferability refers to the generalization of data; that is, the extent to which the findings can be transferred to or applied in other settings (Polit & Beck 2012:540). Transferability refers to the probability that the study findings have meaning to others in similar situations. This means that researchers can compare the specifics of the research situation and compare them with the specifics of the environment or situation with which they are familiar. However, the results of this study were specific for nurse education in Zimbabwe. It was not the researcher's intention to generalize the findings outside Zimbabwe.

3.5.5 Authenticity

Authenticity refers to the degree to which researchers faithfully and fairly show a range of realities. Authenticity in study conveys the tone of participants' lived experiences and fairly describes the participants' experiences so that it is a truthful picture of their perceptions and experience (Polit & Beck 2012:582). Authenticity expresses the extent to which the researcher accurately reflected participants' feelings and lived experiences (Onwuegbuzie et al 2010:706; Polit & Beck 2012:582). In this study, the researcher kept an audit trail of collected data, took notes and transcribed audio-recorded data.

The five types of authenticity are fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactile authenticity (Onwuegbuzie et al 2010:705; Qazi 2011:15). Fairness referred to research integrity which mandates that the researcher seek and respect different constructions. The researcher upheld fairness by member checking the participants' constructions. The participants' different views were identified and clarified (Denzin & Lincoln 2005:207).

Ontological authenticity refers to the extent to which the participants' conscious experience of their world has been impacted by their involvement in the study (Qazi 2011:15). To make an assessment of the impact, the researcher kept an audit trail of participants' insight into their own lives. The audit trails were developed from debriefing interviews that assisted the researcher to further explore the participants' experiences.

Educative authenticity refers to the extent of awareness of variance in the participants' constructions and how the involved participant groups viewed these differences (Onwuegbuzie et al 2010:708). Debriefing interviews were conducted to reflect the degree to which the participants were aware of these differences.

Catalytic authenticity is the action promoted by the research process. This is the degree to which participants are moved into action and/or decision making after the research process. In this study, the participants were able to make informed decisions about development of guidelines for the GNP.

Tactical authenticity is a level of research integrity that makes participants have the zeal to act. The participants in this study expressed eagerness to contribute to the development of the GNP.

3.6 GUIDELINES FOR THE GNP

The objective of the study was to develop guidelines for the GNP in Zimbabwe based on the findings of the semi-structured interviews, focus group discussions and Delphi technique. All the findings were integrated and interpreted collectively. The purpose was to use the results to complement each other in the interpretation. The focus was to determine the content of the GNP in Zimbabwe; explore the context within which the GNP is to be developed; determine the actors involved in the development of the GNP, and

explore the process of developing the GNP. The integration of the findings revealed a pattern to follow in the development of guidelines and the GNP. Moreover, the findings indicated the people who should be involved in the development and the requirements of the GNP.

3.7 SUMMARY

This chapter described the research design and methodology, including the population, sample and sampling, data collection and data-collection instruments, which included semi-structured interviews, focus group discussions and the Delphi technique. Data analysis and the trustworthiness of the results were also covered.

Chapter 4 discusses the data analysis and interpretation, and results.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION, AND RESULTS

4.1 INTRODUCTION

Chapter 3 described the research design and methodology for the study. This chapter discusses the data analysis and interpretation and results. The findings are discussed with reference to the literature review and those unique to the study are highlighted.

The purpose of the study was to develop guidelines for the GNP by determining the content, exploring the context, and determining the actors involved and then developing the guidelines. The researcher conducted an in-depth exploratory qualitative case study, which allowed for a detailed exploration of guidelines for the development of the GNP. The purpose of the study, then, was to generate views about an abstract idea rather than concrete policy proposal. The findings represent the participants' views on guidelines for the development of the GNP.

4.2 PARTICIPANT CATEGORIES

The 49 participants consisted of the following categories:

- Participants 1-20 were nurse educators working in the nursing directorate, including nursing directors, nursing deputy directors, the registrar and the deputy registrar of the Nurses Council of Zimbabwe, UZ nursing science lecturers, nurse education committee members, nurses working at Parirenyatwa Central Hospital.
- Participants 21-29 were post-basic mental health nursing students.
- Participants 30-34 were post-basic community health nursing students.
- Participants 35-39 were post-basic midwifery students.
- Participants 40-49 were nurse education experts (international and national).

4.3 DATA ANALYSIS

The data analysis revealed the themes, categories, and subcategories that emerged from the data from the three data-collection methods. The results are discussed in three sections. Section A covers the themes, categories, and sub-categories from the semi-structured interviews; Section B covers those from the focus group discussions, and Section C covers those from the two Delphi technique rounds. The data were analysed separately because of the participants' uniqueness, differences in exposure and social situatedness. Regarding situatedness, Johnson (1987**:**174) points out that meaning is "always a matter of human understanding, which constitutes our experience of a common world that we can make sense of". In this study, the participants' social order and experiences regarding the development of the GNP were heterogeneous hence it was necessary to analyse them differently.

4.4 SEMI-STRUCTURED INTERVIEWS

The researcher conducted and audio-recorded semi-structured interviews with 20 participants (Charmaz 2006:26; Creswell 2013:168). The data revealed that content, context, actors, and process should be at the centre of guidelines for the GNP. Table 4.1 presents the results on the course content of the GNP. The theme of content was divided into categories and sub-categories.

Table 4.1 Theme, categories and subcategories: Content of the GPN

Theme	**Categories**	**Sub-category**
Content of the GNP	1.1 Sciences	1.1.1 Health sciences 1.1.2 Behavioural sciences 1.1.3 Nursing sciences
	1.2 Entry qualifications for the GNP	1.2.1 'A' level passes in two science subjects with 5 'O' level passes which include English and Mathematics
	1.3 Duration of the GNP	1.3.1 Four years
	1.4 Qualifications for nurse educators for the GNP	1.4.1 A registered nurse with a current practising certificate with a Master's degree in nursing and a nurse teaching qualification

Theme	Categories	Sub-category
		coupled with 5 years' teaching experience
	1.5 Assessment criteria: Formative and summative evaluation	1.5.1 Daily attendance, in all classroom assignments 1.5.2 Individual and group assignments 1.5.3 In-class tests 1.5.4 Final examination in the form of essay-type and objective-type questions

The theme and its categories and sub-categories are described in detail.

4.4.1 Theme 1: Content of the GNP

The participants felt that the GNP should include courses on health, behavioural and nursing sciences.

The content of the GNP was divided into five categories, namely entry qualifications; duration of the GNP; qualifications for nurse educators, and assessment criteria for the GNP. The five categories consisted of several sub-categories.

4.4.1.1 Category 1.1: Sciences

The participants perceived sciences as health, behavioural and nursing sciences.

4.4.1.1.1 Sub-category 1.1.1: Health sciences

The participants described health science courses for the GNP as health-related sciences courses or subjects for a health programme, such as Anatomy and Physiology, Microbiology, Pharmacology, Parasitology, Epidemiology, Nutrition, Environmental Health, Biophysics, Biochemistry, Genetics, Ophthalmology, Embryology, Dermatology, Neonatology, Epidemiology, Pathophysiology, and Biostatistics.

According to two participants*:*

> "Health sciences, in my own view, should include courses or modules in the following areas: Physiology, Anatomy, Microbiology, Dermatology, Pharmacology, Pathophysiology Biology, Nutrition, Biochemistry, Environmental Health, Parasitology and Dermatology."

> "The GNP should comprise Human anatomy, Physiology, Microbiology, Pharmacology, Nutrition, Biophysics, Biochemistry and Pathophysiology as health-related science courses."

Nursing and Midwifery Schools admit students with backgrounds in basic science and mathematics who demonstrate skills in the language of instruction (WHO 2009:28).

4.4.1.1.2 Sub-category 1.1.2: Behavioural sciences

The participants regarded behavioural sciences as Psychology, Sociology, Soft skills/ Professional interaction, and transcultural nursing. Behavioural science courses were regarded as courses which introduce the GNP learners to the study of human behaviour, inter-professional relations, religions, culture, social institutions and social groupings.

According to a participant:

> "Behavioural sciences or social sciences must be included in the GNP. Social science courses to be included should include the following: sociology for health sciences, psychology for health sciences, religious studies, multicultural nursing."

Iwasiw and Goldberg (2015:286) maintain that substantive knowledge from liberal arts and psychosocial and health sciences is essential to the development of open-minded, educated and informed practitioners.

4.4.1.1.3 Sub-category 1.1.3: Nursing sciences

The participants referred to nursing science courses as learning areas which are specific to nursing. Most of the participants indicated that nursing courses that cover all nursing

disciplines should be included in the GNP. These included health assessment, medical and surgical nursing, nursing management and nursing education.

According to two participants:

> "Nursing courses should include but not be limited to surgical nursing, medical nursing, nursing management, and nursing education.:

> "The GNP should consist of a balance between natural sciences, nursing courses and social sciences."

Iwasiw and Goldberg (2015:284) emphasise that each nursing course should be defined first with the course title conveying the main conceptual, process, and/or contextual focus of the course in accordance with the overall curriculum design.

4.4.1.2 Category 1.2: Entrance qualifications for the GNP

4.4.1.2.1 Sub-category 1.2.1: 'A' level passes in two science subjects with 5 'O' level passes which include English and Mathematics

The participants described entrance qualifications for the GNP as the minimum requirements for entry to the GNP. The participants referred to normal university entry qualifications that consisted of advanced level passes in two science subjects and five ordinary level passes which include Mathematics and English.

According to a participant:

> "Entry qualifications for the GNP should be like for any other degree at any university in Zimbabwe; that is, 'A' level passes in the case of the GNP two 'A' level passes in two science subjects and five 'O' level passes with English language."

According to Boore and Deeny (2012:244), nursing requires academic ability which includes numeracy and literacy as an important aspect of selection, usually assessed by formal school-leaving qualifications although it is equally important to consider the various routes which enable people with non-standard qualifications to enter the profession.

4.4.1.3 Category 1.3: Duration of the GNP

4.4.1.3.1 Sub-category 1.3.1: Four years

The duration of the GNP referred to the time it would take students to complete the course. According to the participants, the GNP should take four years.

According to a participant*:*

> "Since all degree programmes in Zimbabwe are required by the ZIMCHE to be completed in four years, the GNP should take four years to complete."

4.4.1.4 Category 1.4: Qualifications for nurse educators for the GNP

4.4.1.4.1 Sub-category 1.4.1: A registered nurse with a current practising certificate with a Master's degree in nursing and a nurse teaching qualification coupled with 5 years' teaching experience

The participants indicated that a registered nursing qualification with a current practising certificate, Master's degree in nursing and a nursing teaching qualification should be required for teaching the GNP.

According to a participant:

> "For one to qualify to teach students for the GNP, one should be in possession of a current practising certificate, should be a registered nurse with a minimum qualification of a master's degree in nursing and a nursing teaching qualification. In addition to these qualifications, experience in teaching nursing sciences is of pivotal importance."

The WHO (2016:20) states that a well-educated, competent nursing workforce, beginning with competent nurse educators, is critical to the provision of quality health services and the achievement of health equity; however, the quality of educational preparation of nursing faculty is of growing concern.

4.4.1.5 Category 1.5: Assessment criteria: Formative and summative evaluation

The participants indicated that assessment criteria used in the GNP should include daily attendance in all classroom assignments, individual and group assignments, clinical assignments, in-class tests and final written examinations.

4.4.1.5.1 Sub-category 1.5.1: Daily attendance in all classroom assignments

A participant emphasised the need for daily attendance by GNP students:

> "Students for the GNP should participate in all learning activities; daily attendance and punctuality should be observed strictly."

4.4.1.5.2 Sub-category 1.5.2: Individual and group assignments

A participant emphasised that:

> "Individual and group assignments should be part of assessment criteria for the GNP."

4.4.1.5.3 Sub-category 1.5.3: In-class tests

Regarding in-class tests, a participant stressed:

> "Continuous assessment for the GNP should include in-class tests while summative evaluation should be done using final exams."

4.4.1.5.4 Sub-category 1.5.4: Final examination in the form of essay-type questions and objective questions

Continuous assessment and formative assessment are the best assessment methods to help students to learn better because they allow feedback and the reconstruction and regulation of learning (Pereira & Flores 2016:16).

4.4.2 Theme 2: Context within which the GNP is developed

The second theme was the context within which the GNP is developed. Table 4.2 lists the theme with its categories and sub-categories.

Table 4.2 Theme, categories and subcategories: Context within which the GNP is developed

Theme	Category	Sub-category
Context within which the GNP is developed	2.1 Relevance of the GNP to the Zimbabwe nurse education system	2.1.1 In line with the vision, mission, philosophy and basic assumptions of the Zimbabwe nurse education system
	2.2 Resources for the GNP	-
	2.2.1 Financial	2.2.1.1 Monetary sources for the GNP
	2.2.2 Clinical	2.2.2.1 Clinical sites, clinical equipment and related resources
	2.2.3 Human	2.2.3.1 Sufficient numbers of adequately qualified faculty
	2.2.4 Infrastructure	2.2.4.1 Availability of enough clinical sites, adequate and comfortable classrooms in relation to approved number of students, spacious offices accessible to faculty and learners simulation

4.4.2.1 Category 2.1: Relevance of the GNP to the Zimbabwe nurse education system

The data indicated that the development of the GNP should be in line with the vision, mission, and philosophy of the Zimbabwe nurse education system and the university that will offer the GNP. It should be feasible within the realities of the economy of Zimbabwe and the institution that will offer the GNP. The development of guidelines for the GNP is defined by and rooted in the forces and prevailing circumstances that affect society,

health care, education, recipients of nursing care, the educational institution and the nursing profession.

The development of the GNP should be context relevant and reflect local and/or regional circumstances, not simply reactive to current circumstances but also grounded in projections about future nurse education for Zimbabwe and the global village. The GNP should be able to prepare its graduates for current nursing practice and the type of nursing practice that could or should exist now and in the future (Iwasiw & Goldberg 2015:10).

4.4.2.2 Category 2.2: Resources for the GNP

In order to develop the GNP there should be sufficient facilities, faculty, clinical sites, and financial, material and services that support GNP students. The GNP should have at its disposal adequate classroom space, models, suitable room for simulation, computer technology, audio-visual aids and library resources that allow successful accomplishment of the GNP objectives.

4.4.2.2.1 Category 2.2.1: Financial

The GNP will be developed in the context of limited financial support for nurse education. Nurse educators who will be involved in the GNP should be in a position to work with limited financial support. Sound financial management and cost containment by nurse educators in their spheres of influence will be a prerequisite. Higher education in sub Saharan Africa is critically constrained by lack of adequate finances, due to poor economic conditions, competing public service priorities and diminishing support from the international community (National Association of State Universities and Land Grant Colleges [NASULGC] (2008:4).

According to a participant:

> "A critical element in the development of the GNP is mobilization of financial resources for the GNP. Nurse educators for the GNP should be equipped with financial management skills to enhance cost containment'."

4.4.2.2.1.1 Sub-category 2.2.1.1: Monetary sources for the GNP

Monetary sources for the GNP will include domestic sources such as the national budget, social health insurances, funds earmarked for specific purposes, government taxes and corporate social responsibility funds. Another monetary source for the GNP will be the international community.

According to a participant:

> "Well ... Money to finance the development of the GNP can come from various sources. Some of these sources include the government fiscal budget, health insurance, user fees from clients or patients, donations from the business community and donor funds from national, regional and international communities."

4.4.2.2.2 Category 2.2.2: Clinical

Clinical nurse education involves establishing cordial relationship between the school of nursing and a health institution with some clinical sites.

4.4.2.2.2.1 Sub-category 2.2.2.1: Clinical sites, clinical equipment and related resources

Clinical sites for the GNP take many forms, including hospitals, clinics, nursing homes, prisons, surgeries and child care centres. Moreover, there is a need for adequate clinical sites, availability of suitable equipment to use in the clinical area, and enough suitably qualified nurse educators and other supporting staff in the clinical area.

4.4.2.2.3 Category 2.2.3: Human

4.4.2.2.3.1 Sub-category 2.2.3.1: Sufficient adequately qualified faculty

Requirements for nurse educators include satisfactory completion of a recognized nursing education programme, including both theoretical and practical components; holding a current licence/registration or other form of legal recognition to practise nursing; having completed a minimum of two years' full time clinical experience across the scope

of practice within the last five years and acquired formal teaching preparation either before or soon after employment as an educator (WHO 2016:17).

According to a participant:

> "The GNP requires adequate faculty who are qualified and who have full commitment to their work."

The WHO (2016:17) stipulates that a nurse educator should have satisfactorily completed a recognized nursing education programme, including both theoretical and practical components. The qualifications of a nurse educator should include a current licence/registration or other form of legal recognition to practise nursing. A nurse educator's clinical nursing experiences should include a minimum of two years' full-time clinical experience across the scope of practice within the last five years. Educational training in the form of acquired formal teaching preparation either before or soon after employment as a nurse educator is also a requirement for a nurse educator.

4.4.2.2.4 Category 2.2.4: Infrastructure

4.4.2.2.4.1 Sub-category 2.2.4.1 Availability of enough clinical sites, adequate and comfortable classrooms in relation to approved number of students, offices accessible to faculty and learners, simulation laboratories, equipment, library resources, and instructional technology

A strong academic infrastructure provides a variety of learning opportunities for students to achieve the goals and objectives of the nursing programme (American Association of Colleges of Nursing [AACN] 2009:11).

According to a participant:

> "Practical learning for the GNP students will take place in a wide range of direct practice sites such as hospitals, clinics, schools churches, homes and schools. Practical learning for the GNP student nurses takes place on actual patients hence the need to have access to a clinical site. The GNP students should be accorded

access to the client and patient populations such as direct access to families, individuals, groups and communities."

4.4.3 Theme 3: Actors in the development of the GNP

Guidelines for the GNP should be developed by nurse educators who have a clear understanding of the current trends in nurse education. The nurse educators involved in the development of guidelines for the GNP should have maintained currency in practice so that they are in touch with the requirements of current nurse education trends and developments. Such nurse educators should include the nurse education committee, Nurses Council of Zimbabwe, nurses association, nurse representatives in international organizations for nurses and the Ministry of Health and Child Welfare, the nursing directorate and university faculty members of the department of nursing science. Table 4.3 lists the theme of actors in developing the GNP and its categories and sub-categories.

Table 4.3 Theme, categories and subcategories: Actors in the development of the GNP

Theme	Category	Sub-category
Actors in the development of the GNP	3.1 Ministry of Health and Child Welfare of Zimbabwe	3.1.1 The nursing directorate
	3.2 Nurses Council of Zimbabwe	3.2.1 The Registrar: Nurses Council, the Deputy Registrar: Nurses Council and the Nurse Education Committee
	3.3 Nurse representatives in national and international nursing organisations	3.3.1 International Council of Nurses (ICN) and Zimbabwe Nurses Association (ZINA)
	3.4 University faculty	3.4.1 Faculty in the Department of Nursing Science
	3.5 Practising nurses	3.5.1 Nurses working in the clinical area

4.4.3.1 Category 3.1: Ministry of Health and Child Welfare of Zimbabwe

4.4.3.1.1 Sub-category 3.1.1: The nursing directorate

The development of guidelines for the GNP should involve input from the nursing directorate which steers the development in the direction that the country wants nursing to go.

4.4.3.2 Category 3.2: Nurses Council of Zimbabwe

4.4.3.2.1 Sub-category 3.2.1: The Registrar and Deputy Registrar: Nurses Council and the Nurse Education Committee

The Registrar and Deputy Registrar of the Nurses Council and the Nurse Education Committee play an important role in the development of the GNP.
According to a participant:

> "The Nurses Council of Zimbabwe through the registrar: nurses' council, deputy registrar: nurses' council, and nurse education committee ensures that the GNP meets the required rules and regulations and set standards expected of a nursing education programme. Another function of the Nurses Council of Zimbabwe is to quality assure the GNP guidelines and ensure that these meet national, regional and international nurse education standards."

4.4.3.3 Category 3.3: Nurse representatives in national and international nursing organisations

4.4.3.3.1 Sub-category 3.3.1: Zimbabwe Nurses Association (ZINA)

The Zimbabwe Nurses Association (ZINA) representatives, including the president, the secretary general, the treasurer and members should have their input included in the development of the GNP.

4.4.3.4 Category 3.4: University faculty

4.4.3.4.1 Sub-category 3.4.1: Faculty in the Department of Nursing Science

Faculty in the Department of Nursing Science, including the chairperson of the department of nursing science, nursing science lecturers and mentors working in the clinical area should contribute to the development of the GNP.

4.4.3.5 Category 3.5: Practising nurses

4.4.3.5.1 Sub-category 3.5.1: Nurses working in the clinical area

A curriculum review committee should consist of at least 8-10 members appointed by the advisory board, including clinical practice nurses (Ramasubramaniam & Grace 2015:79). According to a participant:

> "Support and input from international, regional, national nursing organizations and nursing faculty is needed for the development of a nursing curriculum. The input will guide the process of curriculum development, such as formulating curriculum goals."

4.4.4 Theme 4: Development of the GNP

The fourth theme was the development of the GNP. Table 4.4 lists the theme with its categories and sub-categories.

Table 4.4 Theme, categories and subcategories: Development of the GNP

Theme	Category	Sub-category
Development of the GNP	4.1 Process of development of the GNP	• Done by stakeholders in nurse education • Diagnosis of needs • Formulation of objectives of the GNP • Selection of content of the GNP • Organising content for the GNP • Selection of learning experiences • Organisation of learning experiences • Implementation and evaluation of the GNP

4.4.4.1 Category 4.1: Process of development of the GNP

The development of a new nurse education programme results from a felt need to introduce a new nursing programme because of continuously evolving nurse education. A needs assessment is carried out to ascertain the nature and magnitude of need. The needs assessment is conducted by the nurse education stakeholders. The objectives for the nurse education programme are determined, and the content is selected, organized and sequenced. Then the learning experiences are organized. The final step or stage is the implementation and evaluation of the programme.

According to participants:

> "Curriculum development is a blueprint or plan for structuring the steps for development of the curriculum and the learning environment and coordinating elements of materials, personnel and equipment."

> "Curriculum development starts off from the need to have a new programme emanating from the context within nursing is situated. The need to have a new programme is shared with the key nurse education stakeholders to gain their support. The next step is needs assessment of the envisaged nursing programme, which will give more information on availability of human, infrastructure, material,

financial resources for the new nursing program. Goals and objectives of the new nursing program are formulated followed by designing the curriculum, implementing and evaluating the curriculum."

4.5 FOCUS GROUP DISCUSSIONS

This section discusses the results from the data analysis of the focus group discussions. Two focus group discussions were held. The discussions covered the following:

- Content of the GNP
- Context within which the GNP is developed
- Who should be involved in the development of the GNP
- Process followed in the development of the GNP

4.5.1 Focus group 1

The first focus group discussion was held in the sitting room at a nurse training institution in Zimbabwe on 8 September 2016 and lasted for two hours. The nine (9) participants were all final year students of the three-year diploma in mental health nursing. Of the participants, 7 were female and 2 were male; 4 were married and 5 were single, and 5 were educated up to 'Advanced' level while 4 were educated up to 'Ordinary' level standard. All the participants were Christians.

Table 4.5 Themes, categories and sub-categories of focus group 1 discussion

Themes	Category	Sub-category
Content of the GNP	1.1 Courses to include in the GNP	1.1.1 • Social sciences • Physical sciences • Biological sciences • Research • Computer sciences • Case studies • Practicals • Nursing Science
Context within which the GNP is developed	2.1 Environment, nursing, person and health	2.1.1 Development of the GNP should be guided by the four

Themes	Category	Sub-category
		concepts of environment, nursing, person and health
	2.2 University-based nurse education	2.2.2 Need for the GNP to be offered by a university rather than a hospital
	2.3 Sufficient and adequately qualified nurse educators	2.3.1 The GNP should be supported by availability of adequate nurse educators
		2.3.2 Nurse educators should have adequate experience in nurse education
		2.3.3 Nurse educators should have a minimum qualification of a Master's degree in nursing
Actors in the development of the GNP	3.1 Ministry of Health and Child Welfare of Zimbabwe	3.1.1 Ministry of Health and Child Welfare initiates and approves a nurse education programme for Zimbabwe hence it should be involved in the development of the GNP through the input from the Minister of Health, deputy minister of health, director of nursing services and deputy director of nursing services
	3.2 Nurses Council of Zimbabwe	3.2.1 The Nurses Council of Zimbabwe through the participation of the nurse education committee, registrar and deputy registrar should be involved in the development of the GNP because it is the regulatory body for nursing in Zimbabwe. It ensures that the GNP meets set standards
	3.3 Nursing students	3.3.1 Involvement of nursing students in the development of the GNP will ensure that the GNP caters for the interests of the students who are important stakeholders in nurse education
	3.4 Private sector, industry and commerce	3.4.1 Involvement of the private sector, industry and commerce in the development of the GNP has the potential to ensure that their requirements are factored in

Themes	Category	Sub-category
		as prospective employers of the GNP graduates
	3.5 International Council of Nurses (ICN)	3.5.1 The ICN supports nurses and countries who are in the process of introducing new nursing programmes by making relevant and timely information about nursing practice, nursing education, research, policy and regulatory developments available
Steps followed in the development of the GNP	4.1 Felt need to have a new nursing programme	4.1.1 Need to have a new nursing programme felt by the government as a result of new trends in nursing education
	4.2 Determining minimum standards for the GNP	4.2.1 A pass in 5 Ordinary Levels including English language and a pass in two Advanced level science subjects are set as an entry level. Qualifications of nurse educators for the GNP are set at a minimum of a Master's degree in Nursing Science
	4.3 Involvement of the institution that will offer the GNP	4.3.1 Making sure the institution that will offer the GNP understands, accepts and owns the GNP
	4.4 Conducting needs assessment	4.4.1 Courses, context, vision, mission, beliefs of the GNP are determined. People involved in the development of the GNP are also determined
	4.5 Development of a micro and macro curriculum of the GNP	4.5.1 Finer details of the GNP curriculum and how the actual teaching and learning will take place are determined
	4.6 Evaluation and implementation of the GNP	4.6.1 Implementation of the GNP takes place. Strengths and weaknesses of the GNP are determined

4.5.2 Findings of focus group 1

The findings are discussed according to the content of the GNP; the context in which it is developed; the actors in the development, and the steps in the development.

4.5.2.1 Theme 1: Content of the GNP

Of the participants, eight described the content of the GNP as the course content of the GNP, and one participant did not give a response. Nursing, health, person and environment are the basic assumptions upon which the GNP is based. The GNP should be developed following the Primary Health Care (PHC) model whose main focus is the promotion of health and prevention of disease rather than a curative approach which is very costly. Courses to be included in the GNP should cater for the four nursing concepts and the primary care model should include social sciences, physical sciences, biological sciences, research courses, computer sciences, case studies and practical assessments.

According to a participant:

> "Courses to be included in the GNP should include sciences, physical, biological, social and human. Subjects such as computers and research should not be left out."

4.5.2.2 Theme 2: Context within which the GNP is developed

Environmental influences on the development the GNP from both inside and outside, such as shortages of material, financial and human resources, should be taken into consideration. The participants described the context in which the GNP is to be developed as the environment, place and time in which it is developed. Of the participants, eight agreed that the GNP should move away from being hospital based to being offered by a university. The university should have sufficient and qualified nurse educators. Accessible clinical sites should be at the disposal of the university with GNP students not having to compete with students from other programmes. Clinical sites should have qualified staff to supervise students at a first degree level. The qualifications of nurse educators for the GNP should be at Master's degree level and above. The university which will offer the GNP should have sufficient infrastructure, including classrooms, clinical laboratories,

hostels, libraries and recreational facilities. Of the participants, seven felt that the university offering the GNP should have a clinic for the students and have access to technology. Educators for the GNP should be computer literate. The GNP should be offered on a full-time basis and offer up-to-date courses which are internationally recognized.

According to a participant:

> "In a nutshell, the GNP should be offered where there is adequate infrastructure such as libraries, hostel rooms, lecture theatres, class rooms and well-staffed and equipped clinical sites. What about other participants' views?"

4.5.2.3 Theme 3: Actors in the development of the GNP

The government, the Nurses Council of Zimbabwe, prospective nursing students, the private sector, industry and commerce should all be involved in the development of the GNP. The government is involved in developing the GNP through the participation of the nurse educators employed by the government and those working in the Ministry of Health under the nursing directorate. The government of Zimbabwe is the largest employer of nurses hence it should have an input in the development of the GNP. The government is responsible for the determination of minimum standards of the GNP and registration. Industry and commerce will also be employers of GNP graduates therefore their input will help in the development of the GNP to meet their requirements. Current and former nursing students should also have an input in the development of the GNP.

Zimbabwe is a signatory to regional and international nurse organizations, such as the International Council of Nurses (ICN), and declarations like Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, 2008. Recommendations from such organizations should be incorporated in the guidelines for the GNP. Input from the ICN will ensure that the GNP meets the international standards of nursing.

4.5.2.4 Theme 4: Steps in the development of the GNP

The development of the GNP arose from a felt need to have a new nurse education programme resulting from new trends in nursing education, requirements by the Nurses'

Council of Zimbabwe and new challenges in health care systems, such as the emergence of new diseases and advancing technology.

The participants stated/agreed that developing the GNP should involve the following six steps"

- First, the Ministry of Health and Child Welfare and the Nurses Council of Zimbabwe should determine the minimum standards of the GNP. This would ensure good quality of nurse education for students and international recognition of the GNP.

- Secondly, the university that will offer the GNP should be involved from the start and clearly understand, own and accept the GNP. The GNP should be well received by the teaching staff through their involvement. The GNP should fit well within the philosophy, mission and vision of the university involved.

- Thirdly, a needs assessment should be conducted on what the programme should cover; entry qualifications for students, and qualifications for educators. The decisions should be based on the context of the GNP, what is expected of the students and resources needed for the programme. The aspirations, visions and beliefs of those involved in the development of guidelines for the GNP should also be established.

- The fourth step should be the formulation of the outcomes of the GNP. This would help determine what competency the graduates of the programme have to achieve at the end of the GNP. Their competency would determine their duties and responsibilities in the health care system of Zimbabwe.

- In the fifth step, macro and micro-curriculum models should be developed to determine the finer details of the curriculum and how the actual teaching and learning will take place.

- The final step would be planning for the evaluation and implementation of the GNP.

4.5.3 Focus group 2

Focus group 2 was conducted in a classroom at a midwifery school in Zimbabwe on 12 September 2016 and lasted two hours and ten minutes. Of the ten participants, five were post-basic midwifery and five were post-basic community health nursing students. Of the participants, 9 were female and 1 was male. All the participants were in the last month of their one-year post-basic diploma.

Table 4.6 summarises the themes, categories and sub-categories that emerged from focus group 2 regarding the development of guidelines for the GNP.

Table 4.6 Themes, categories and sub-categories of focus group 2 discussion

Theme	Category	Sub-category
Nurse education stakeholders to be involved in the development of guidelines for the GNP	1.1 Nurse educators	1.1.1 Nurse education curriculum experts in general nursing, nursing, midwifery, mental health nursing and guest nurse educators from regional, and international organizations should be involved in the development of guidelines for the GNP as well as experienced clinical nurse instructors
	1.2 Ministry of Health and Child Welfare of Zimbabwe	1.2.1 Minister of Health, Deputy Minister of Health, Director: Nursing Services, Deputy Director: Nursing Services, members of the Zimbabwe Nurses Association should all be involved in the development of the GNP
	1.3 Nurses Council of Zimbabwe	1.3.1 Nurse education committee and the directorate of the Nurses Council of Zimbabwe should be involved in the development of the GNP
	1.4 Post-basic nursing students	1.4.1 Post-basic students in mental health nursing, midwifery and community health nursing should be included

Theme	Category	Sub-category
	1.5 Prospective employers of GNP graduates	1.5.1 Private and public health institutions
Context in which the GNP is developed	2.1 Low wages in the country	2.1.1 Shortages of health human resources will lead to shortage of nurse educators for the GNP
	2.2 Poor performance of economy	2.2.1 Shortage of human, material and financial resources for the GNP
Content of the GNP	3.1 Nursing courses	3.1.1 The GNP should offer general nursing courses, midwifery courses, mental health courses and community health nursing courses
	3.2 Felt need by the Ministry of Health and Child Welfare of Zimbabwe	3.2.1 Need to keep abreast of emerging trends in nursing education
	3.3 Informing key people on the need to have a new nursing programme	3.3.1 Key people include • Ministry of Health • Nurses Council of Zimbabwe • University offering the GNP • Nurse curriculum experts • Subject experts • Zimbabwe Nurses Association • Politicians
Steps to be followed in developing the GNP	4.1 Conducting needs assessment	4.1.1 To determine courses to include in the GNP, entry qualifications for the GNP, qualifications for educators for the GNP, duration of the GNP, infrastructure for the GNP, and material, financial and human resources
	4.2 Setting objectives for the GNP	4.2.1 Outcome of the GNP will be based on competencies of the GNP graduates
	4.3 Developing curriculum model, macro and micro	4.3.1 Determining whether the curriculum for the GNP should be content, process or outcomes based

Theme	Category	Sub-category
	curriculum of the GNP	
	4.4 Determining to what extent the GNP on paper is what is in practice	4.4.1 Has the GNP achieved what it is intended to do?
Entrance qualifications for the GNP	5.1 Normal entry qualifications	5.1.1 A minimum of five Ordinary level passes with English, Mathematics and a Science Subject
	5.2 Maturity entry qualifications	5.2.1 A diploma in General Nursing with a minimum of two years' working experience

4.5.4 Findings of focus group 2

The findings are discussed according to the nurse education stakeholders to be involved in developing guidelines for the GNP; the context in which it is developed; the content of the GNP; the steps in the development, and the entrance qualifications for the GNP.

4.5.4.1 Theme 1: Nurse education stakeholders to be involved in the development of guidelines for the GNP

The participants indicated that people with relevant qualifications and skills in nursing education should be involved in the development of guidelines for the GNP. Nurse educators with vast experience in nursing education, former nursing students and prospective nursing students should contribute in developing guidelines for the GNP. The Ministry of Health and Child Welfare, the Nurses Council of Zimbabwe, the corporate world, the Health Services Board, the Ministry of Finance, the Zimbabwe Nurses Association, the Zimbabwe Confederation of Midwives (ZICOM) and the university that will offer the GNP should all contribute to the development of the GNP.

4.5.4.1.1 Category 1.1: Nurse educators

The participants stated that the nurse education experts who develop guidelines for the GNP should include nurse educators in midwifery, general nursing, mental health and community health nursing programmes and guest nurse educators from regional and

international organizations to which Zimbabwe is a signatory. Experienced clinical nurse instructors should also be involved in developing guidelines for the GNP.

According to a participant:

> "Nursing teachers and mentors with the required qualifications and experience in curriculum development should be involved in developing guidelines of the GNP. The qualifications should include a PhD in nursing, master's in nursing, a first degree in Nursing or relevant post-basic nursing diplomas."

4.5.4.1.2 Category 1.2: Ministry of Health and Child Welfare of Zimbabwe

The participants stated that nurses working in the nursing directorate should be involved in the development of the GNP. These include curriculum nurse education experts, nurse programme evaluation experts and nurse education researchers working in collaboration with the Ministry of Health and Child Care and members of different nursing organizations, such as the Nurses Council of Zimbabwe and Zimbabwe Nurses Associations.

4.5.4.1.3 Category 1.3: Nurses Council of Zimbabwe

The participants indicated that the nurse education committee, and the registrar and deputy registrar of the Nurses Council of Zimbabwe should be involved in developing guidelines for the GNP.

According to a participant:

> "The Nurses Council of Zimbabwe has a duty to ensure public safety by assuring that the GNP is designed in such a way that it produces nursing graduates who will offer competent nursing care. This can only be achieved by making sure that the envisaged GNP meets the standards of safe nursing care."

4.5.4.1.4 Category 1.4: Post-basic nursing students

The participants stated that developing guidelines for the GNP should also involve post-basic nursing students. The group should include mental health, midwifery and community health post-basic nursing students.

4.5.4.1.5 Category 1.5: Prospective employers of GNP graduates

According to the participants, prospective employers of GNP graduates, such as private and public hospitals, should be included in developing guidelines for the GNP.

4.5.4.2 Theme 2: Context in which the GNP is developed

4.5.4.2.1 Category 2.1: Low wages in the country

The participants stated that situational factors such as the country's economy, HIV, the political system, employment base, employment for nurses, wages for nurses, technological advancement and international factors had a bearing on the development of the GNP. The Ministry of Health and Child Welfare of Zimbabwe is largely responsible for providing health care. Midwifery is a key component of the sexual, reproductive, maternal and newborn health. The success of PHC in Zimbabwe is largely dependent on community health nursing.

According to a participant:

> "Type of economy may in a country result in very low wages for nurses resulting in exodus of nurses to other countries. This may have a bearing on the development of the GNP in that there will be shortage of nurse educators for the GNP."

In sub-Saharan Africa, factors contributing to the nursing shortage include the migration of health workers; limited supply of new nurses; poor human resources management systems; attrition due to HIV/AIDS, and limited career and professional opportunities resulting in frustration of health professionals (Littlejohn, Campbell & Collins-McNeil 2012:23).

4.5.4.2.2 Category 2.2: Poor performance of the economy

The participants stated that the poor performance of the economy affected the wages and turnover rates of nurse educators. The availability of learning material and suitable infrastructure for the GNP is also largely dependent on the prevailing economy.

4.5.4.3 Theme 3: Content of the GNP

4.5.4.3.1 Category 3.1: Nursing courses

The GNP should offer general nursing courses, midwifery courses, community health nursing and mental health nursing. Natural sciences and social sciences should be included. The participants indicated that the GNP should offer midwifery courses such as normal pregnancy, normal labour, normal puerperium, abnormalities in the antenatal, abnormalities in labour, abnormalities in the post-partum, period normal neonate, antenatal care, post-natal care in the form of a block system, and clinical and community attachments. Courses for community health nursing should include PHC nursing, clinical epidemiology, and public health and community health nursing courses.

According to a participant:

> "The GNP should have a combination of general nursing courses, natural and social sciences and courses for which the GNP is majoring in such as midwifery courses, community health nursing courses and mental health nursing courses."

4.5.4.3.2 Category 3.2: Felt need by the Ministry of Health and Child Welfare of Zimbabwe

A felt need by the government of Zimbabwe to have improved patient health outcomes, reduced in-hospital mortality, reduced hospital stay and reduced medication errors and violation of procedures led to the development of the GNP. Lower patient-to-nurse ratios, a higher proportion of nurses with a baccalaureate level education, and better nurse work environments are associated individually and additively with lower mortality and failure-to-rescue (Aiken, Cimiotti, Sloane , Smith, Flynn& Neff 2011: 2-3).

With regard to the relationship between the quality of nursing and the level of education of the nurse, one participant said:

> "Researchers have indicated that the level of nurse education of a nurse is closely related to the quality of nursing care rendered. A higher level of nursing education on its own has been shown to have an improved patient outcome and decreased morbidity."

4.5.4.4 Theme 4: Steps to be followed in developing the GNP

Step 1: Felt need by Ministry of Health and Child Welfare of Zimbabwe

The development of the GNP started with a felt need to have a new nursing programme by the Government of Zimbabwe through nurses employed by the Ministry of Health and Child Welfare and other stakeholders in nursing education. Nurses in Zimbabwe felt the need to adapt to changing trends in nursing. Conforming to requirements of international organizations of which the Nurses Council of Zimbabwe is signatory also led to the development of a new nursing programme.

Step 2: Informing key people

The Ministry of Health and Child Welfare of Zimbabwe, the institution to offer the GNP and the Nurses Council of Zimbabwe were informed of the need to develop the GNP. This involved informing the members of the faculty about the GNP. Students, curriculum experts, subject experts, politicians, the Zimbabwe Nurses Association (ZINA) as well as other health personnel were also informed about the new nursing programme.

Step 3: Conducting needs assessment

A thorough needs assessment was done to determine what the GNP sought to achieve; the course content; entrance qualifications and duration of the GNP; qualifications of educators; the institutions to offer the GNP; infrastructure necessary for the GNP, and material, human and financial resources for the GNP. The needs assessment was based on the environment in which the GNP would be offered.

According to participants:

> "Courses for the GNP, minimum qualifications of nurse educators, entry qualifications, which institution is going to offer the GNP, what resources are needed for the GNP should be determined well beforehand."

> "The needs for a new nursing programme can be determined by conducting interviews with stakeholders in nursing in general and nurse education in particular."

Step 4: Objectives of the GNP

What the GNP will achieve was based on the graduates that the GNP aimed to produce. The outcomes of the GNP would be based on the majors of the GNP, namely midwifery, community health nursing and mental health nursing.

The GNP goals and objectives should be specified. The goals would provide broad statements identifying the long-term outcomes of the GNP. Achieving the goals of the GNP would be facilitated by GNP objectives.

Step 5: Developing the curriculum model, macro- and micro-curriculum of the GNP

This step would determine whether the curriculum should be content, process or outcomes based. Organization and internal structure of the GNP curriculum are determined. The step includes developing the micro curriculum which is the level at which the actual teaching takes place.

Step 6: Implementation, evaluation and outcomes

At this stage it is determined to what extent the GNP on paper is actually the one that students experience. Outcome evaluation means monitoring the planned and unplanned results of the GNP.
According to participants:

> "The GNP must be appropriate to the nurse educational level of the GNP students and the content and context within which the GNP is being offered. Above all, the GNP should be feasible in terms of the human, material, and financial resources."

> "Evaluation of the GNP will help to determine the suitability and effectiveness of the GNP. Accomplishment of GNP goals and objectives are determined through evaluation."

According to Iwasiw and Goldberg (2009:9), curriculum development process has neither a beginning nor an end. Once developed, the nursing curriculum undergoes refinements and modifications as it is implemented, researched, and evaluated, and as evidence becomes available about teaching, learning, students, society, health, and health care, nursing education, and nursing practice. The findings of this study concurred with Iwasiw and Goldberg's statement.

4.5.5.5 Theme 5: Entrance qualifications for the GNP

4.5.5.5.1 Category 5.1: Normal entry qualifications

A minimum of two Advanced level passes in science subjects and five Ordinary level passes which include English and Mathematics are required for normal entrance to the GNP. For maturity entrance, a minimum of a General Nurse Diploma with two years' experience is required.

According to a participant:

> "For a GNP, in my own view, normal university entry qualifications should apply; that is, 'A' level passes in two science subjects. However, one should be allowed entry with a General Nurse diploma with two years' experience."

According to the International Confederation of Midwives (2010**:**13), entrance requirements for a nurse education programme should include the minimum requirement of completion of secondary education, a transparent recruitment process, selection process and criteria for acceptance, and mechanisms for taking account of prior learning.

4.5.5.5.2 Category 5.2: Maturity entrance qualifications

The participants indicated that 21 years of age and a diploma in General Nursing with a minimum of two years' experience should be sufficient for maturity entrance to the GNP.

According to a participant:

> "I am of the view that a mature student for the GNP should be aged 21 or over at the start of the GNP and should be in possession of at least a diploma in nursing. Maturity entrance for the GNP should take into consideration aspects such as relevant nursing and academic qualifications coupled with experience."

4.6 THE DELPHI TECHNIQUE

Two rounds of Delphi questionnaires were conducted with expert national and international nurse education stakeholders in order to reach consensus on the development of guidelines for the GNP by determining the content, context, and actors involved and then developing the guidelines. The researcher conducted an in-depth exploratory qualitative case study, which allowed for a detailed exploration of guidelines for the development of the GNP. The Delphi technique was used as a means of reaching consensus among the ten (10) selected nurse education experts. The content of the Delphi questionnaires was based on the findings of the interviews and focus group discussions. Table 4.7 lists the participants' categories.

Table 4.7 Delphi technique participants' categories

Country/Organisation	Participants' codes
Zimbabwe	40
South Africa	41
Lesotho	42
Botswana	43
Malawi	44
Saudi Arabia	45
USA	46
UK	47
WHO	48
International Council of Nurses (ICN)	49
Total number of participants	**10**

The researcher used the Delphi technique to collect data from the participants in a natural setting. Although the Delphi technique is typically used in quantitative studies, researchers can use the technique in qualitative studies as well (Skulmoski, Hartman & Krahn 2007:9). This study was qualitative. The researcher used the data from the interviews and focus group discussions, non-verbal cues and written field notes to develop the Delphi technique questionnaires.

For the purpose of protecting the participants' anonymity and confidentiality, no names were used. The participants were not referred to by codes.

4.6.1 Delphi technique participants' demographic profile

The participants in the Delphi technique were purposively selected and were national and international nurse education stakeholders with different nurse education expertise. The participants were selected through websites of nurse education institutions in Zimbabwe and international nurse organizations. In addition, the researcher contacted the Ministry of Health and Child Welfare of Zimbabwe and other nurse education stakeholders for the names of education experts and their positions. Ten nurse education experts agreed to participate in the study. Of the participants, 8 were females and 2 were males, 6 were educated up to Masters of nursing while 4 had PhDs in nursing, 7 were between 40 and 45 years old and 3 were over 55.

4.6.2 Delphi technique findings

This section discusses the results from the Delphi technique. The researcher included selected participants' direct quotes or summaries. Four themes emerged from the Delphi technique data, namely courses, resources, context and entrance qualifications. Each theme, its categories and subcategories are discussed in detail.

Table 4.8 Categories and sub-categories of courses for the GNP

Theme	Category	Sub-category
Courses for the GNP	1.1 Science courses	1.1.1 • Anatomy and physiology • HIV and AIDS issues • Biophysics • Biochemistry • Microbiology and Parasitology • Genetics • Ophthalmology • Embryology • Dermatology • Neonatology • Epidemiology • Pathophysiology • Health assessment • Biostatistics
		1.1.2 • Medical surgical nursing • Nursing pharmacology • Maternal and Child Care and Family planning • Nursing foundations • Mental health nursing 1 • Mental health nursing 2 • Mental health nursing 3 • Community health nursing 1 • Community health nursing 2 • Community health nursing 3
	1.2 Specific science courses	
	1.3 Nursing courses	
	1.4 Social sciences courses	1.4.1 Sociology
		1.4.2 Psychology
		1.4.3 Transcultural nursing
		1.4.4 Research
	1.5 Practical component courses	1.5.1 Clinical placement: midwifery
		1.5.2 Clinical placement: mental health nursing
		1.5.3 Clinical placement: community health

4.6.2.1 Theme 1: Courses of the GNP

The participants concurred that the GNP should comprise courses which include sciences, nursing, social sciences and statistics. Besides these courses it was suggested that there should be clinical placement for each major.

4.6.2.1.1 Category 1.1: Science courses

The participants indicated that science courses for the GNP should include anatomy and physiology, HIV and AIDS issues, biophysics, biochemistry, microbiology and parasitology, genetics, ophthalmology, embryology, dermatology, neonatology, epidemiology, pathophysiology, health assessment and biostatistics.

4.6.2.1.2 Category 1.2: Specific science courses

Nursing is regarded as a science. The participants indicated that a nursing programme such as the GNP needs to be deeply rooted in the sciences. According to a participant:

> "Well, uum ... nursing involves a lot of theories, critical thinking, some research ... aaaah ... and needs to be exact, organized hence a lot of sciences is involved. Human sciences in particular should form the basis of any nursing programme."

4.6.2.1.3 Category 1.3: Nursing courses

In addition to courses in science, the participants referred to courses which are specific to nursing (see table 4.8).

According to a participant:

> "Nursing courses prepare Generic Nursing Programme students for the nursing career and give them a better understanding of what is expected of them in the nursing fraternity. Nursing courses are the skeleton of the Generic Nursing Programme while the rest of the courses are just the supporting flesh."

4.6.2.1.4 Category 1.4: Social science courses

Sociology, psychology, transcultural nursing and research are the required social science courses for the GNP. Nursing is a highly interactive profession which makes social science courses a necessity. Social sciences would enable the GNP students to appreciate a human being as a social being. According to participants:

> "The importance of social sciences in nursing should not be ignored. In nursing, social sciences are extremely important and necessary. Social sciences focus on the study of society and the relationships among individuals with society. Social sciences play a significant role in understanding the origin and prevention of diseases. A good example is West Africa where a combination of understanding the pathogens involved in Ebola and an understanding of the way of life of people who were involved helped to contain the deadly disease."

> "It is of pivotal importance to include the Islamic Faith and contemporary doctrines in the GNP."

4.6.2.1.5 Category 1.5: Practical component courses

The GNP needs a clinical component that affords the students an opportunity to put into practice the theory they have learned.

According to a participant:

> "Hands-on, direct patient care, which is sometimes referred to as clinical experiential learning, with actual patients/clients in the actual health care setting is the most important component of the Generic Nursing Programme curriculum**.** (Silence) This... …this will actively engage generic nursing students with the practical know-how necessary for the nursing profession."

4.6.2.2 Theme 2: Resources for the GNP

Resources are necessary for the GNP to be successful. The participants indicated that the development of the GNP needed to be supported by the availability of suitable and adequate infrastructure, faculty, clinical sites, and libraries, financial and material resources. Table 4.9 lists the categories and sub-categories of resources.

Table 4.9 Categories and sub-categories of resources for the GNP

Theme	Category	Sub-category
Resources for the GNP	2.1 Infrastructure	2.1.1 Libraries, clinical sites, hostels
	2.2 Nursing faculty	2.2.1 Proficient suitably qualified faculty
	2.3 Clinical sites	2.3.1 Access to clinical sites Resources in the clinical sites
	2.4 Libraries	2.4.1 Adequately equipped libraries with up-to-date electronic resources
	2.5 Financial	2.5.1 Tuition and salaries

4.6.2.2.1 Category 2.1: Infrastructure

The institution offering the GNP should have classrooms that can accommodate all the students. Laboratories for nursing practice, mental health nursing practice, obstetrics and gynaecology and community health nursing practice should be available. A limitation in infrastructure may affect the smooth running of the GNP. The institution that will offer the GNP should have facilities such as pre-clinical labs, multipurpose hall, lecture halls, a reading room, hostel blocks with single and double rooms, computer lab and sanitary with one latrine and one bath per every five students. The infrastructure has to be appropriate for the GNP and be owned by the institution offering the GNP.

According to participants:

> "Infrastructure for the Generic Nursing Programme should be accessible and well suited to the Generic nursing students. Shortage of infrastructure would lead to … to the generic nursing programme not being approved. In other words, approval and accreditation of the Generic Nursing Programme is heavily dependent on

availability of infrastructure. When coming up with the infrastructure for the Generic Nursing Programme the requirements and regulations of the Zimbabwe Council of Higher Education, Ministry of Health and Child Welfare of Zimbabwe, Nurses Council of Zimbabwe and international organizations of nursing should be borne in mind."

"The GNP should have its own physical facilities, which include clinical practice sites, classrooms, clinical simulation laboratories, libraries, information and communications technology; financial resources and human resources that meet the needs of the GNP."

4.6.2.2.2 Category 2.2: Nursing faculty

Faculty for the GNP should possess a master's degree in nursing science with a wealth of teaching experience. A bachelor's degree with a post-basic nursing qualification in either community health, midwifery or mental health nursing with more than five years' experience should be the minimum qualification required to teach the GNP. The programme should have adequate educators for both theory and clinical practice. The faculty should be able to switch from teaching in the classroom to teaching in the clinical area. The emphasis of the faculty should be on the students' learning rather than their teaching. The GNP requires faculty who have good interpersonal and communication skills. Working well with students and working collaboratively and collegially with other teachers is highly valued among faculty. There has to be an adequate number of expert clinicians in clinical sites for the Generic Nursing students' accompaniment.

According to a participant:

"Nursing faculty should spend time with students in the clinical area for the purpose of supervision, guidance and evaluation. Guest lecturers who are suitably qualified with the relevant experience should be outsourced for non-nursing courses. Qualified and experienced external lecturers should also be engaged to teach the Generic Nursing Programme for purposes of comparing notes, benchmarking and quality assurance."

Nursing faculty teach and evaluate students in classroom and clinical areas and assume duties such as advising students, serving on committees, and maintaining a personal record of scholarship (Penn, Wilson & Rossiter 2008:8).

4.6.2.2.3 Category 2.3: Clinical sites

The university offering the GNP should be affiliated to a 100-bed and above hospital with a bed occupancy of above 75%. The hospital or health institution should be in the vicinity of 30-40 km of the university offering the GNP and should be easily accessible. The beds of the hospital should be shared among medical, surgical and mental health patients. The hospital should have at least 800 deliveries per year. Staff at the hospital to which the university offering the GNP is affiliated should be familiar with student nurse training and willing to work with students. The university offering the GNP should have a working arrangement with surrounding urban clinics and rural clinics for urban clinics and rural clinics attachment of the GNP students. The following facilities should be available at the hospital:

- Major OT (operating theatre)
- Minor OT
- Dental clinic
- Ear nose throat clinic
- Communicable diseases
- Burns unit
- Neonatal with nursery
- Cardiology department
- Oncology department
- Neurology department
- Nephrology department
- Intensive care unit

According to a participant:

> "There is a critical shortage of and increasing competition for clinical sites in health institutions in Zimbabwe. The Generic Nursing Programme students should have

> a clinical site to cater for the clinical practice needs of the students. The clinical site should be manned by faculty with the right qualifications."

According to the American Association of Nursing Colleges (AACN) (2013:36), nursing clinical resources for undergraduate and graduate nursing education are predicated on the assumption that students are best served by opportunities to work and learn together with professional mentors and role models.

4.6.2.2.4 Category 2.4: Libraries

An institution that will offer the GNP should have a library with current books and journals in nursing in print and electronic form. The library should be accessible to both faculty and the GNP students.

According to a participant:

> "The Library for the GNP should be open during working hours and outside working hours to allow for easy access by the generic nursing students. Books, journals, magazines, newspapers and other kinds of nursing related literature should be available in the library."

4.6.2.2.5 Category 2.5: Financial

Financial resources in the form of grants, loans, tuition reimbursement and scholarships are needed for funding the GNP. Such financial resources will go a long way in meeting the salary needs for the faculty, tuition fees, living expenses and books or stationery. The GNP will be offered on a full-time basis, which means it requires more financial support outside the student's income. Support systems, sources of income for students will help in augmenting financial aid from the government.

According to a participant:

> "Eeeee ... embarking on a nursing programme such as the GNP will require the students to pay a price. This will be in the form of stationery, tuition fees, transportation, clothes including uniforms, health insurance, living expenses and computers'."

To address the critical nurse staffing deficit, financing for nurse training and employment will need to increase substantially and over a prolonged period. The scope and resources for additional funds vary from country to country across government resources, donor financing and private financing (WHO 2009:31).

4.6.2.3 Theme 3: Context in which the GNP is developed

The GNP will be developed in the context of political and economic factors. Table 4.10 lists the categories and sub-categories of the context.

Table 4.10 Context in which the GNP is developed

Theme	Category	Sub-category
Context in which the GNP is developed	3.1 Political	3.1.1 Inconsistency in policy planning
	3.2 Economic	3.1.2 Reduced health education funding

4.6.2.3.1 Category 3.1: Political

The GNP will be developed in the context of factors such as political instability and corruption, and the isolation of Zimbabwe from the international community through the imposition of sanctions. The guidelines for the development of the GNP may not get the attention they deserve in the light of the political situation, including inconsistent policy planning.

4.6.2.3.2 Category 3.2: Economic

The GNP will be developed in the context of a poorly performing economy, which is characterized by a high unemployment rate and increasing levels of poverty, and will in a way reflect this context. Nevertheless, a new nursing programme has to be developed in order to keep in line with the global standards of professional nurse education. The guidelines for the development of the GNP need to factor in the current situation. The freezing of nursing posts in the health sector, low salaries for health staff and cuts in the health sector budget will affect the development of the GNP. An exodus of skilled human

resources in the health sector will mean a shortage of faculty and preceptors and mentors in the clinical sites for the GNP.

According to a participant:

> "The GNP is developed in a context. It is like a system in which the GNP is part. The GNP will be developed in a context in which it will come in contact with the current state of affairs and produce an impact on it. The GNP will be affected by the availability of resources which is dependent on the way power is distributed in a country. Political instability, increasing poverty, unemployment, economic recession, and a lack of political will by political leaders characterize the context in which the GNP is going to be developed. However, Zimbabwe is one of the countries with the highest literacy rates and the most improved education system. This at least is going to be a boost for the GNP since there are more qualified prospective students for the GNP."

No curriculum is developed in a vacuum. It is developed by a group of educators, for a group of students, in a specific school, set in a region of a specific country, with a health service and an education system that has its own characteristics (Uys & Gwele 2005:30).

4.6.2.4 Theme 4: Entrance qualifications for the GNP

Table 4.11 Categories and sub-categories of entrance qualifications

Theme	Category	Sub-category
Entrance qualifications for the GNP	4.1 Normal entry qualifications	4.1.1 'A' level and 'O' levels
	4.2 Maturity entry qualifications	4.1.2 Diploma in General Nursing plus two years working experience

4.6.2.4.1 Category 4.1: Normal entrance qualifications

To be admitted to the GNP a candidate should be in possession of advanced level passes in any two of the following subjects: mathematics, biology, physics and chemistry. In addition to advanced level passes one should have passed five ordinary level passes which include English language and mathematics or should have equivalent qualifications. These qualifications give prospective students a basic understanding of

Science and English, which facilitates an ability to tackle learning materials which impose the types of demands that nursing makes on their intellect. The minimum age for admission is 17 years as at 31 December of that year. The upper age limit is 40 years for those who enter with Advanced level passes.

4.6.2.4.2 Category 4.2: Maturity entrance qualifications

For maturity entrance, a diploma in general nursing or equivalent nursing qualification is sufficient. There is no age limit for those who enter with maturity entry. For one to be considered a mature candidate, one should have attained 21 years. However each applicant for maturity entry is treated individually basing on the academic, professional and life experiences of the applicant.

According to a participant:

> "Entry qualifications for the GNP should be based on merit of the applicant measured by advanced level passes in the sciences backed by passes in five ordinary level subjects which include English language. The entry to the GNP can be normal or through gained experience in the desired field or through maturity."

4.6.2.5 Theme 5: Actors in the development of the GNP

The development of the GNP should embrace a multi-sector approach in order to harness input from various individuals and institutions. Table 4.12 indicates the categories and sub-categories of actors in the development of the GNP.

Table 4.12 Categories and sub-categories of actors in the development of the GNP

Theme	Category		Sub-category	
Actors in the development of the GNP	5.1	Government	5.1.1	Responsible ministry
	5.2	Regulatory board for nurses	5.1.2	Nurses Council for Zimbabwe and Nurse education committee

4.6.2.5.1 Category 5.1: Government

The Government through the Ministry of Health and Child Welfare should be involved as a major and responsible stakeholder in the development of the GNP. The permanent secretary of health, and director and deputy director of nursing should be involved in the processes and steps.

4.6.2.5.2 Category 5.2: Regulatory board for nurses

The regulatory board for nurses in Zimbabwe, together with the Nurses Council for Zimbabwe and the Nurse Education Committee should be involved in the development of the GNP. Nurse education lecturers from universities should contribute to determining the qualifications of people who will teach the GNP. The involvement of external nursing lecturers from other countries in the development of the GNP would allow for a comparison of standards and enhance the quality of the GNP. Nursing students, industry and prospective employers of GNP graduates should also be involved.

According to a participant:

> "The key determinant of guidelines for the development of the GNP is the government. The other actors of significance are the Nurses Council of Zimbabwe, universities, nurse educators, industry and students"

4.6.2.6 Theme 6: Development of the GNP

The development of the GNP began as a felt need for change as a result of prevailing circumstances in nursing education, such as emerging trends in nursing education, new technology and the requirements of international nursing organizations and increased globalization. Nurses must be prepared to meet diverse needs, function as leaders, advance science that benefits patients and the capacity of health professionals in a complex and evolving health sector. Table 4.13 indicates the categories and sub-categories of the development of the GNP.

Table 4.13 Categories and sub-categories of development of the GNP

Theme	Category	Sub-category
Development of the GNP	6.1 Felt need for change	6.1.1 Need for efficiency
		6.1.2 Need to keep abreast of new trends in nursing
	6.2 Needs assessment	6.2.1 Determination of content for GNP by nurse education stakeholders

The GNP will prepare nurses who are able to deliver safe and quality nursing care. The desire for change led to a needs assessment to determine the feasibility of the GNP. When the need for the GNP had been determined, the objectives, vision, mission, mission statement and philosophy were formulated. The selection of content for the GNP involved deciding the courses for the GNP.

The courses for the GNP are organized in a logical sequence of how and when the courses are offered. Informative and summative evaluation in the form of clinical assessments, oral and written exams will be conducted at various levels of the GNP.

According to a participant:

> "The process of developing the GNP involves accepting that there is need to revamp the current nurse education in Zimbabwe to keep abreast with international nursing standards. This is achieved by the introduction of a new nurse education programme that is relevant now and in the future. A situational analysis is carried out to determine the viability of the GNP. If the GNP is found to be viable the courses that need to be offered are determined. The courses are grouped in order of how they will be offered. A method of evaluating the course is determined beforehand."

According to Uys and Gwele (2005:20), developing a new nursing programme is an ongoing process rather than a once-off event. It starts with a decision to develop a new nurse programme to implementation and evaluation. Adaptations are made and these have to be evaluated and the process continues.

4.7 SUMMARY

This chapter discussed the data analysis and interpretation and results from the interviews, focus group discussions and Delphi technique rounds. The findings were discussed with reference to the literature review.

Chapter 5 integrates the findings with the participants' recommendations for the development of guidelines for the GNP. The purpose of the GNP is to break away from the current hospital-based to a university-based nurse education system.

CHAPTER 5

GUIDELINES FOR THE GNP IN ZIMBABWE

5.1 INTRODUCTION

Chapter 4 discussed the data analysis and interpretation, and findings. This chapter integrates the findings and recommendations for the development of guidelines for the GNP. The participants agreed that the GNP should break away from the current hospital-based to a university-based nurse education system. The shift to a university- based nurse education system would enhance quality and safety across healthcare settings (Tri-Council for Nursing 2010:2).

The study found that the GNP should move away from hospital-based to university-based level; be developed by nurse education experts; be offered at degree level; faculty members should all be qualified nurses; entry qualifications for prospective candidates should be university entry qualifications; courses for the GNP should include sciences, social sciences, computers and research, and material, financial, human and infrastructure resources should be available for the GNP.

The researcher used Walt and Gilson's (1994) policy analysis framework as the theoretical framework for the study. Walt and Gilson (1994:353-370) developed their framework specifically for health and noted that health policy research focused largely on the content of policy, while neglecting actors, context and processes. Their policy triangle framework is grounded in a political economy perspective, and considers how all four elements interact to shape policy-making.

5.2 CONTENT OF THE GNP

The participants regarded content as courses which form a unit of thought in the GNP and are offered by a university not a hospital or health institution. This concurred with Frenk's (2010:1925) finding that centralizing health professionals' education in hospitals caused a mismatch of competencies to patient and population needs; poor teamwork; persistent gender stratification of professional status; narrow technical focus without

broader contextual understanding; episodic encounters rather than continuous care; predominant hospital orientation at the expense of primary care; quantitative and qualitative imbalances in the professional labour market, and weak leadership to improve the health system performance. Content is an integral component of the GNP.

The participants were agreed on the courses to be included in the GNP because they would make nurses more competent. According to the WHO (2013:21), a population needs a health workforce with the right competencies to respond to its evolving health needs. Accordingly, the participants indicated that the GNP should include general nursing; community health nursing; general science; nursing leadership; nursing management; social sciences; research; practical courses; statistics; computer sciences, and case studies. According to Frenk (2010:1954), a health care education programme requires a minimum of scientifically based knowledge and skills to deliver health care. An important type of competency needed by all health professionals is the capacity to collaborate across professional boundaries (WHO 2013:23). Table 5.1 presents the courses for a BSc Honours Nursing Science degree with majors options of Midwifery, Mental Health Nursing or Community Health Nursing.

Table 5.1 Courses: BSc Honours Degree in Nursing Science with majors options in Midwifery, Mental Health Nursing or Community Health Nursing

YEAR	COURSES	DURATION IN HOURS
First year	Anatomy and Physiology	100 hours
	Biophysics	20 hours
	Biochemistry	20 hours
	Microbiology and parasitology	20 hours
	Nursing foundation 1	90 hours
	Sociology	30 hours
	Psychology	30 hours
	Medical and Surgical Nursing	30 hours
	Nursing Foundation 2	75 hours
	Nursing Implications of Drugs	15 hours
	Health Assessment	45 hours
	Community Health Nursing 1	60 hours
	Maternal and Child Care and Family Planning	70 hours
	Epidemiology	30 hours
	Mental Health Nursing 1	90 hours
	Clinical attachment	4 weeks

YEAR	COURSES	DURATION IN HOURS
Second year	Medical Surgical Nursing 2	90 hours
	Mental Health Nursing 2	90 hours
	Paediatric nursing	40 hours
	Nutrition	15 hours
	Health education	15 hours
	Research in Nursing 1	15 hours
	Medical Surgical Nursing 2	90 hours
	Mental Health Nursing 2	50 hours
	Community Health Nursing 2	30 hours
	Nursing Research 2	15 hours
	Nursing management	15 hours
	Clinical attachment	4 weeks
Third year	Biostatistics	14 hours
	Ophthalmology	14 hours
	Community Nursing 3	20 hours
	Medical Surgical Nursing 3	80 hours
	Research 3	20 hours
	Nursing management 3	20 hours
	Clinical Assessments	20 hours
	Sociology	15hours
	Transcultural nursing	15 hours
	Clinical attachment	4 weeks
Fourth year	**Midwifery Option**	
	Professionalism and Mmidwifery trends	25 hours
	Normal Pregnancy	32 hours
	Normal Labour	31hours
	Normal puerperium	17 hours
	Normal neonate	29 hours
	Woman's health issues	17 hours
	Ante-natal clinic	4 weeks
	Antenatal ward and	4 weeks
	Post-natal ward (Mother and baby)	2 weeks
	Labour ward	6 weeks
	Abnormalities antenatal period	36 hours
	Abnormalities labour	38 hours
	Abnormalities - Postpartum period	20 hours
	Abnormalities - Neonate	34 hours
	Community Health Clinics	40 hours
	Antenatal clinic	3 weeks
	Labour Ward	4 weeks
	Postnatal Ward	2 weeks
	Neonatal Nursery (Special Care)	3 weeks
	Theatre attachment	2 weeks

YEAR	COURSES	DURATION IN HOURS
Fourth year	**Mental Health Nursing Option**	
	History of Mental Health Nursing	15 hours
	Physiology for mental health	14 hours
	Perceptual disorders	15 hours
	Substance abuse	20 hours
	Violent and hostile behaviour	34 hours
	Burnout, phobias, anxiety and depression	20 hours
	Zimbabwe Mental Health Act	15 hours
	Dementia	15 hours
	Schizophrenia	34 hours
	Obsessive compulsive behaviour	20 hours
	Post-traumatic stress	13 hours
	Eating disorders	15 hours
	Clinical attachment	12 weeks
Fourth year	**Community Health Nursing Option**	
	History of Community Health Nursing	13 hours
	Health care in Zimbabwe	12 hours
	Introduction to global health	15 hours
	Epidemiology	15 hours
	Tropical diseases	15 hours
	Community Health Nursing Theory and Practice	36 hours
	Epidemics and plagues	20 hours
	Water sanitation and hygiene	15 hours
	Community Health Nursing 3	40 hours
	Community Health Nursing 4	40 hours
	Community Attachment	12 weeks

5.2.1 Organisation and structure of the GNP

The GNP is a four-year pre-registration BSc Honours degree in nursing which leads to registration by the Nurses Council of Zimbabwe as a registered general nurse. A GNP is an entry level programme to the occupation of nursing.

The courses for the GNP are organised into four one-year parts. Each part is equivalent to a full year, which is divided into two semesters.

Part 1 is the first year of the GNP which includes introductory theory and clinical attachment. At the end of each six-month semester there are university examinations which include theoretical and practical examinations.

Part 2 is the second year of the GNP which includes theory and clinical attachment. At the end of each semester there are theoretical and practical examinations. Satisfactory completion of theory tests and clinical assessments with a pass mark of 50% and above is required for a student to progress from one level to the next. Clinical competency assessments are conducted before completion of a clinical attachment and a pass mark of 50% and above should be obtained.

Part 3 is the third year of the GNP which includes theory and clinical attachments. During the semester there are formative assessments of theory and clinical practice. At the end of each semester there is summative assessment in the form of examinations for both theory and clinical practice.

Part 4 is the fourth and final year of the GNP which covers the last two semesters of the GNP. At the end of each semester there are theoretical and clinical examinations. During this part of the GNP students submit a research project which covers the area in which they are majoring.

The four parts of the GNP are organized in such a way that there is logical sequencing of theory alternating with supervised attachments to clinical sites. This facilitates and enhances the integration of theory and practice and organisation, which leads to progression of teaching and learning from normal to abnormal and from basic to advanced. During the first three years of study GNP students majoring in midwifery, mental health nursing, and community health nursing study the same courses while in the fourth year they concentrate on their selected major.

Teaching methods for the GNP courses consist of lectures, clinical practice, group discussions, group work, case presentations, written individual assignment reports, debates, case studies, writing of a research project, and visits to relevant facilities.

5.2.2 Basic assumptions of the GNP

The participants referred to the following as basic assumptions of the GNP: nursing; health; person; environment; nursing education, and primary health care (PHC).

Nursing

- Nursing is a discipline and a profession.
- Nursing is concerned with persons, their environment and their health.
- Human beings are sacred and therefore are entitled to respect and dignity.
- Nursing involves health promotion and maintenance through utilization of appropriate technology.
- Society should be responsible for its health needs.
- Nursing services are offered in a variety of settings.

Health

- Health is dynamic and is influenced by cultural, bio-psychosocial, economic, political and religious factors.
- Health is a basic human right and must be made available, accessible and acceptable to all.
- Health is the main goal of Primary Health Care (PHC) nursing and is achieved through preventive, promotive, curative and rehabilitative measures.

Person

- Persons are holistic, bio-psycho-social, cultural, spiritual beings.
- Persons are competent to help themselves and others.
- Persons have the potential for learning, and making decisions and choices about their lives.
- Persons have values and rights and must be treated with worth, respect and dignity.
- Persons have basic needs and strive for increasing independence in the satisfaction of their needs.
- Persons are organisms existing within an unstable equilibrium and in a continually changing society.

Environment

- The environment can be external or internal and serves as a source of diverse forms of support as well as stress.
- Environment includes bio-psycho-social, spiritual, economic and cultural forces which influence the individual to utilize adaptive mechanisms to maintain homeostasis.
- The environment has norms, values and goals which affect the development of individuals, families, groups and communities and their ability to adapt.
- Environmental support has a positive impact on persons' health and health behaviour.

Nursing education

- The student and the faculty are partners in the teaching-learning process.
- Learning takes place from simple to complex; known to unknown, and concrete to abstract.
- There are several types of learning hence different learning theories support different types of learning.
- Different types of learning require different teaching modalities.
- Learning is self-directed but facilitated by faculty.

Primary health care (PHC)

- Primary health care (PHC) is essential care which is appropriate, accessible, affordable and acceptable to all persons.
- People are capable of assessing their own health needs and able to participate fully in decisions that affect their health.
- In PHC, people are both major activists and the main beneficiaries.
- The promotion of health depends fundamentally on improving society's economic conditions, and the elimination of poverty and underdevelopment.
- The success of PHC programmes depends on a multi-sectorial approach.

5.2.3 GNP goals

The GNP has three goals, namely to

- produce a professional nurse who is capable of providing comprehensive nursing care within the set standards of nursing practice in the context of primary health care (PHC)
- produce a graduate who would assume responsibility and accountability for nursing practice and research as well as professional and personal development
- develop a comprehensive ongoing process of evaluation for the GNP

5.2.3.1 Terminal GNP objectives

The participants identified the following terminal objectives of the GNP:

- Integrate advanced nursing knowledge, ethical principles and clinical excellence in providing comprehensive nursing care within an area of specialisation in the context of PHC to meet the needs of individuals, families, groups and communities.
- Apply research findings from nursing and other health-related disciplines to improve nursing education and practice.
- Participate in the process of advancing the knowledge body of nursing for continued improvement of nursing as a discipline.
- Engage in lifelong learning, and the professional development of self and others.

5.3 CONTEXT WITHIN WHICH THE GNP IS DEVELOPED

The participants developed guidelines for the GNP after studying the environment in which the GNP will be offered.

A situational analysis for developing guidelines for the GNP was influenced by a vision of the future since nurse education should prepare nurses for the future (tomorrow). The participants therefore considered what the future would demand of GNP graduates. Accordingly, the future and context of the GNP was used as the basis for developing the guidelines.

The context refers to political, economic, social, cultural and other systematic factors, both national and international, which may have an effect on the development of the GNP. The context influences the content, actors and process. The context is affected by the degree of involvement of the government of Zimbabwe, the Nurses Council of Zimbabwe, and the economic and political situation in Zimbabwe. The GNP has to meet the standards stipulated by the Nurses Council of Zimbabwe and the Ministry of Health and Child Welfare of Zimbabwe before it is adopted.

The context affects the availability of adequate resources for the GNP, such as infrastructure, qualified faculty, prospective candidates and material resources. There should be minimum interference by the government of Zimbabwe in order to allow the Nurses Council of Zimbabwe to carry out its mandate freely.

5.3.1 Qualifications for faculty members

The faculty members responsible for teaching midwifery should possess a minimum of a Master's degree in midwifery or neonatology. A PhD in Midwifery/Nursing Education/ Maternal and Child Health/Public Health would be an added advantage.

The faculty members responsible for teaching community health nursing should possess a minimum of a Master's degree in community health nursing. Possession of a PhD in Community Health nursing would be an added advantage.

The faculty members responsible for mental health nursing should be in possession of a minimum of a Master's degree in mental health nursing or a BSc Mental Health Nursing with a post-basic diploma in mental health nursing. Guest lecturers who are appropriately qualified may be invited for speciality areas.

5.4 RESOURCES FOR THE GNP

The resources consisted of infrastructure, including a library and clinical sites; nursing faculty; teacher-student ratios, and financial sources.

Infrastructure: A limitation in infrastructure may affect the smooth running of the GNP. The university offering the GNP should have adequate classrooms that can accommodate all the students. Furthermore, there should be up-to-date, well-equipped skills laboratories for practice; pre-clinical labs; a multipurpose hall; lecture halls/rooms; reading rooms, and a computer laboratory with access to information technology including e- mail, internet and e-learning. There should be a hostel block with single and double rooms, and sanitary provisions with one latrine and one bath per every five students. The infrastructure has to be appropriate for the GNP and be owned by the institution offering the programme.

The university should have an adequate library with a variety of current books and journals in nursing in print and electronic form; textbooks on midwifery, public health nursing, community health nursing and mental health nursing, and supporting subject books on biology, chemistry, social sciences, computers, and research. The library should be accessible to both faculty and the students.

The university should have access to clinical sites for placements of students and these should be regularly audited for their initial and continuing suitability as learning environments for students. The clinical sites should accommodate GNP students without competition from other students from other programmes.

The university should be affiliated to a 100-bed and above hospital with a bed occupancy of above 75%. The hospital should be within the vicinity of 30-40 km of the university and easily accessible. The beds should be shared among medical, surgical and mental health patients. The hospital should have at least 800 deliveries per year. Staff at the hospital should be familiar with student nurse training and willing to work with students. The university should have a working arrangement with surrounding urban and rural clinics for attachment of GNP students. The following facilities should be available at the hospital being used as a clinical site:

- Major OT (operating theatre)
- Minor OT
- Dental clinic
- Ear nose throat clinic
- Communicable diseases

- Burns unit
- Neonatal with nursery
- Cardiology department
- Oncology department
- Neurology department
- Nephrology department
- Intensive care unit

Nursing faculty: Faculty for the GNP should possess a master's degree in nursing science with a wealth of teaching experience. A bachelor's degree with a post-basic nursing qualification in either community health, midwifery or mental health nursing with more than five years' experience should be the minimum qualification required to teach the GNP. The programme should have adequate educators for both theory and clinical practice. The faculty should be able to switch from teaching in the classroom to teaching in the clinical area. The emphasis of the faculty should be on students' learning rather than their teaching. The GNP requires faculty who have good interpersonal and communication skills. Working well with students and working collaboratively and collegially with other teachers is highly valued among faculty. There must to be an adequate number of expert clinicians in clinical sites for the GNP student accompaniment.

Teacher-student ratio: The participants recommended a teacher-student ratio not higher than 1:20 for theory teaching and not higher than 1:8 to 1:10 for clinical teaching. Patient safety should be a priority and might mandate lower ratios when necessary. In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than twelve students in a clinical group. The ratio of faculty to students in clinical learning experiences should be determined by the dean or coordinator of the GNP in consultation with the clinical sites. Regulations set by the Nurses Council of Zimbabwe should be observed when determining teacher-student ratios.

The development of the GNP should embrace a multi-sector approach from various individuals and institutions. The Ministry of Health and Child Welfare, the permanent secretary of health, director and deputy director of nursing; the regulatory board for nurses in Zimbabwe, the head and deputy head of the nurses' regulatory board; the chairperson and members of the nurse education committee should be involved in developing

guidelines for the GNP. Nursing education lecturers should contribute in determining the qualifications of people who will teach the GNP. The involvement of external nursing lecturers from other countries in the development of the GNP would allow for comparison of standards and enhancement of the quality of the GNP. Current nursing students and prospective students should provide their perspectives on the GNP and industry experts who will employ GNP graduates should also contribute.

Financial: Financial resources in the form of grants, loans, tuition reimbursement and scholarships are needed for funding the GNP. Such financial resources will assist in meeting faculty members' salaries and students' tuition fees, living expenses, and books or stationery. The GNP will be offered on a full-time basis hence requires more financial support outside students' income. Support systems, sources of income of students would augment financial aid from the government.

5.4.1 Normal entrance qualifications

To be admitted to the GNP, candidates should be in possession of advanced level passes in any two of the following subjects: mathematics, biology, physics and chemistry. In addition to advanced level passes, they should be in possession of five ordinary level passes which include Mathematics and English language or have equivalent qualifications. These qualifications give prospective students a basic understanding of science and English, which enables to tackle learning materials which impose the types of demands that nursing makes on their intellect. The minimum age for admission is 17 years as at 31 December of that year. The upper age limit is 40 years for those who enter with advanced level passes.

5.4.2 Maturity entrance qualifications

For maturity entrance, a diploma in general nursing or equivalent nursing qualification is sufficient. Nursing-related experience is also considered for maturity entrance and each case is treated individually. There is no age limit for maturity entrance candidates.

5.5 ASSESSMENT AND EVALUATION

Assessments are conducted independently by the university offering the GNP based on national standards set by the Zimbabwe Council of Higher Education (ZIMCHE) and the Nurses Council of Zimbabwe. Satisfactory completion of theory tests and clinical assessments with a pass mark of 50% and above is required for GNP students to progress from one level to the next. Clinical competency assessments are done before completion of every clinical attachment and GNP students are required to obtain a minimum score of 50%. If students fail the clinical competency assessment, they are allowed to repeat the assessment and if they fail the second time, they have to discontinue the GNP. The required number of selected procedures to be performed under supervision is clearly stated.

The GNP should be developed to address the needs of local people and conform to requirements of local regulatory authorities. The GNP should be developed in accordance with requirements by international nurse regulatory bodies in order for it to be internationally recognized. The environment in which the GNP will be offered should meet international standards. Written theory examinations are taken at the end of each semester. A minimum pass rate of 50% is required to pass. For a student to proceed to the next level, the student has to pass both clinical competence assessment and theory examinations for that level.

Teaching methods for the GNP include lectures, demonstrations/return demonstrations discussions, case studies, group work, individual assignments, self-study, modules, debates, and visits to relevant facilities, use of reflective journals, presentations and clinical practice.

The guidelines developed for the GNP encompass the future roles of nurses which are expected to be more demanding and specialized. The GNP is a bachelor of nursing science degree, offered by a university in the faculty of health sciences, thereby replacing the hospital-based diploma in general nursing. The GNP makes provision for direct nursing care by the trainee nurses which is balanced with theory in the classroom. The GNP curriculum has a balance between clinical practice and theory. Clinical practice is based on the needs of the students rather than the needs of a clinical site. The educational needs of the trainee nurse are given priority over the needs of a hospital.

Teaching of the GNP will be done by suitably qualified nurses. A critical component of the GNP is to produce nurses who will keep pace with rapid changes in the health care system to ensure delivery of high quality, safe and efficient patient- centred care.

5.5.1 Technological explosion

The GNP is developed in an environment with rapid growth in information technology (IT) which has a dramatic impact on the delivery of health care. Accessibility of clinical data across populations has enhanced efficiency of health care. Health services consumers are more informed on health matters than before. Future nurses need to be more skilled in order to keep abreast of cutting edge technology. The GNP should produce nurses who are technologically competent hence the need to include computer sciences.

5.5.2 Globalisation

Globalisation has been brought about by advances in communication technology, international trade and travel, and major political changes in Africa and the world. There are health risks associated with a reduction in distance. The GNP should produce nurses who can handle health care issues such as emerging infections that result from globalization. The GNP qualification should be internationally recognized and its graduates able to work anywhere in the world. The IT component of the GNP should equip students with IT knowledge that is used in health care.

5.5.3 Actors in the development of the GNP

Actors are individuals who cannot be separated from the organizations within which they work and any organization or group is made up of many different people, not all of whom speak with one voice and whose values and beliefs may differ (Buse, Mays & Walt 2005:9). The following actors were involved in the development of the GNP: the Ministry of Health and Child Welfare of Zimbabwe, Nurses Council of Zimbabwe, Zimbabwe Nurses Association, nurse educators, nursing students and nurse education experts who were involved in the validation of the GNP.

The guidelines for the GNP should reflect the requirements of the Ministry of Health and Child Welfare of Zimbabwe through the input of the nursing directorate. The GNP

guidelines are also a reflection of the input of the Nurses Council of Zimbabwe through the participation of the nurse education committee and the executive of the Nurses Council. Various nurse education experts from different organizations gave their input regarding guidelines for the GNP. Guidelines for the GNP were not only formulated by the government but involved social groups and individuals. Usually policy formulation is dominated by the government through politicians and the elite. This was avoided in the development of the GNP guidelines. Interested parties in the development of the GNP gave their input on the development of the GNP.

The Ministry of Health and Child Welfare should ensure that the GNP is in line with the vision, mission and philosophy of Zimbabwe's health system. The Nurses Council of Zimbabwe should regulate, control and supervise the development and implementation of guidelines for GNP**.** The purpose of the study was to develop guidelines for the GNP regarding content, context, actors and process. In order to achieve the purpose, the objectives were to

- determine the content of the GNP for Zimbabwe
- explore the context in which the GNP is developed for Zimbabwe
- determine the actors involved in the development of the GNP
- develop guidelines for the GNP

In view of the above, the findings should direct and guide the development of a new nursing programme, the GNP for Zimbabwe. The guidelines for the GNP should ensure good quality nursing education for nursing students. The development of guidelines for the GNP would ensure that movement of nurses nationally and internationally is possible since they would have achieved the same basic requirements (Uys & Gwele 2005:26-27). Developing the necessary guidelines would prevent inconsistencies in and the failure of the GNP.

5.5.4 Development of the GNP

The development of the GNP consists of six steps.

- **Step 1: Problem analysis**

Increased safety and quality in nursing care is both a national and international requirement. The development of the GNP started with a felt need to have a new nursing programme by the Government of Zimbabwe through nurses employed by the Ministry of Health and Child Welfare and other stakeholders of nursing education. Nurses in Zimbabwe were aware that it was necessary to adapt to changing trends in nursing. The need to conform to requirements by international organizations to which the Nurses Council of Zimbabwe is a signatory also led to the development of a new nursing programme.

Diploma in nursing students usually learn the basics of clinical care and lack communication and leadership skills. Graduates of the GNP should be skilled in leadership roles and should effectively delegate and manage complex situations. The need to depart from the hospital-based diploma in nursing education and the use of student nurses as part of the hospital nursing workforce were the major triggers to change to the GNP.

The depth of the GNP should make students critical thinkers in the development of nursing care plans. The GNP graduates should offer a wider range of competencies, including high quality safe nursing care. An ability to work in multidisciplinary teams will be a prerequisite for the GNP graduate.

- **Step 2: Informing key people**

The Ministry of Health and Child Welfare of Zimbabwe, the Nurses Council of Zimbabwe and ZIMCHE (Zimbabwe Council of Higher Education), as the institutions to offer the GNP, were informed of the need to develop the GNP. The Ministry of Health and Child welfare of Zimbabwe and the Nurses Council of Zimbabwe determine the minimum standards of nursing education and ensure national and international recognition of the GNP. These regulatory bodies ensure that national and international guidelines for the development the GNP are followed so that national health priorities are included in the GNP. Improvement of quality on a national basis is also enhanced. The movement of GNP graduates nationally and internationally is also made possible. This process involves informing the members of the faculty about the GNP. Students, curriculum experts,

subject experts, politicians, Zimbabwe Nurses Association (ZINA) as well as other health personnel are informed about the new nursing programme so that they are involved. The GNP is recognised and defined as the issue to be dealt with. The views of nurse education curriculum experts need to be incorporated in guidelines for the GNP (Uys & Gwele 2006:35-40).

In regard to the GNP, the functions of ZIMCHE are to promote and coordinate education provided by the university offering the GNP and to act as a regulator in the determination and maintenance of standards of teaching, examinations, academic qualifications and research in institutions of higher education. The GNP is regulated by ZIMCHE in respect of accreditation, registration, auditing and, if not meeting the requirements deregistration or discontinuation of the GNP. These functions are central for quality assurance of the GNP. Another function of ZIMCHE is to advise the Minister of Higher Education, as well as coordinate and facilitate cooperation among institutions of higher education in Zimbabwe and internationally.

The Nurses Council of Zimbabwe is responsible for regulating, controlling and supervising the development of the GNP. It also evaluates and monitors the standards of qualifying examinations for the GNP.

- **Step 3: Conducting needs assessment**

The course of action in developing the GNP is identified through research such as the current study. A thorough needs assessment is done to determine what the GNP seeks to achieve. The needs assessment is based on the environment in which the GNP is offered. The advantages and disadvantages of the GNP are weighed up against each of these alternatives. A choice which offers the best option is made. The input of nurse education stakeholders with regard to their expectations of the GNP should be obtained. The GNP forms part of the Zimbabwe health system, education system, nursing education regulatory systems, and societal, economic and political systems. The impact of the GNP to these systems should be to these systems should be carefully described and analysed.

The university that will offer the GNP should have adequate resources at its disposal. The GNP should have access to adequately qualified teaching staff, teaching facilities

including a library, clinical facilities and resources such as material and financial resources. These resources should be fully utilized for the GNP. The resources should meet standards set by national and international nursing regulatory bodies.

- **Step 4: Determining the objectives of the GNP**

This step involves identifying the competency of the GNP graduates. What the GNP will achieve is identified based on the graduates that the GNP will produce. The outcomes of the GNP will be based on the majors, namely midwifery, community health nursing and mental health nursing.

The objectives of the GNP should include expectations of what the students are expected to know and be able to do, and how this will be measured. The objectives should be compatible with the goals and philosophy of the GNP and current and emerging needs of the GNP students.

- **Step 5: Developing the curriculum model, macro- and micro-curriculum of the GNP**

This stage involves determining whether the curriculum should be content, process or outcomes based. The organisation and internal structure of the GNP curriculum are determined. This step includes developing the micro-curriculum which is the level at which the actual teaching takes place.

The GNP will follow a modular curriculum, which will involve division of the GNP into smaller units or courses of learning which are assessed at the end of the semester with GNP student building a degree qualification through the accumulation of credits. A semester is six months long and a year will have two semesters. The GNP curriculum will be organised by content (see table 5.1).

The participants selected the content for the GNP based on its validity and meaningfulness. The content should reflect current scientific thinking and evidence-based practice. The GNP should strike a balance between breadth and depth.

- **Step 6: Implementation, evaluation and outcomes**

Curriculum implementation begins when the first course is introduced and continues for the life of the GNP. Effective implementation of the GNP can only be done with a vision that is clearly articulated, owned and shared by all stakeholders involved.

At this stage it is determined to what extent the GNP on paper is actually the one that the nurse education stakeholders experience. When the GNP is implemented the entire programme is evaluated to determine if all elements are appropriate and congruent with one another. Internal evaluation of the GNP is done by the university offering the GNP through the department of health sciences. External evaluation is done by the Ministry of Health and Child Welfare together with the Nurses Council of Zimbabwe. Outcomes evaluation is done by monitoring the planned and unplanned results of the GNP.

The purpose of evaluation is to see whether the GNP does or accomplishes what it is supposed to do and to determine the quality of the programme. Evaluation of the GNP should be done to assess the logic and coherence of the GNP. Evaluation of the GNP should focus on one particular component at a time. Data is collected concerning the GNP in different areas like formative and summative evaluation. Formative evaluation of the GNP will be done by assessment and evaluation of students' clinical and written assignments which will be in the form of exercises, written tests and practical tests conducted in clinical sites.

Summative evaluation of the GNP will be done by assessing the pass rate, GNP completion rate, GNP graduate satisfaction survey, alumni survey and employer satisfaction survey. Students for the GNP are evaluated through practicum portfolio and preceptor evaluation. The portfolio will help to validate GNP students who have acquired knowledge and skills, as well as demonstrate that GNP course learning outcomes have been met. As a new nursing programme to be introduced for the first time in Zimbabwe, little data is available.

5.6 SUMMARY

This chapter discussed the guidelines for the development of the GNP in Zimbabwe. The chapter covered the content, namely the courses and options to major in midwifery,

mental health or community health nursing; the organisation and structure, basic assumptions, goals and terminal objectives of the GNP; the context in which it is developed; resources needed; entrance qualifications; assessment and evaluation of the GNO, and the actors involved in the development. The six steps of development were described as well.

Chapter 6 presents the conclusions and limitations of the study and makes recommendations for further study.

CHAPTER 6

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter summarises the study, discusses the findings, significance, and limitations of the study, and makes recommendations for practice and further research.

6.2 SUMMARY OF THE STUDY

In Zimbabwe, an educational programme in nursing must meet the requirements of the Nurses Council of Zimbabwe, the teaching institution to which the nursing education programme belongs, the State, and the Zimbabwe Council of Higher Education (ZIMCHE) which is the accrediting board for tertiary institutions in Zimbabwe. The Nurses Council of Zimbabwe is responsible for the supervision of nursing education institutions, monitoring the quality of nurse education, and maintaining the register of practising nurses (Nurses Council of Zimbabwe 2016:18). The institutions provide the necessary environment for learning, suitably qualified educators, and material and financial resources for nurse education.

Current nurse education in Zimbabwe is characterised by the block system, which alternates theory and clinical practice which are divided and spaced over three years. The hospital-based general nursing diploma is a three-year programme, consisting of theory, practicals, and examinations. During the three years' student nurses provide a high proportion of direct patient care in hospitals and form an important part of the workforce, which is at the expense of their learning. The diploma produced 99% of basic nurses in Zimbabwe, while the Bachelor of Science in Nursing Science and Diploma in Mental Health produced 5% of basic nurses. In Zimbabwe, there were no guidelines on how many post-basic qualifications a nurse should have after qualifying as a general nurse. As a result nurses acquired more than three post-basic nursing qualifications which they never used in their working life. Nursing education is mostly funded by the government which uses a lot of human, material and financial resources in the post-basic

nurse training programmes. Developing clear guidelines for the envisaged GNP would contribute to correcting the present confusion.

When a new nursing programme is introduced in Zimbabwe, the institution presenting the programme is solely responsible for developing guidelines for running it. The institution in most cases has inadequate human resources, infrastructure, and financial and material resources to carry out such a mandate. The institution will therefore lack the capacity to develop guidelines for the new nursing programme. Institutions running new programmes consequently engage in trial and error, resulting in the failure of newly introduced nursing programmes (Nurses Council of Zimbabwe 2010:8). Consequently, the Zimbabwe Ministry of Health and Child Welfare cannot implement the envisaged GNP without exploring the development of guidelines for it.

As a nurse educator, the researcher noticed with concern that newly introduced nurse education programmes in Zimbabwe faced problems and challenges soon after their commencement. Moreover, new nursing programmes were introduced without clear guidelines, which made their implementation difficult. There was a lack of balance between learning and working among the hospital-based general nursing diploma students. This raised the question in the researcher's mind of what guidelines were needed for the development of a successful nursing programme that could correct the present anomalies. This motivated the researcher to investigate the development of guidelines for the GNP.

The purpose of the study was to develop guidelines for the GNP regarding content, context, actors and process. In order to achieve the purpose, the objectives were to

- determine the content of the GNP for Zimbabwe.
- explore the context in which the GNP is developed for Zimbabwe.
- determine the actors involved in the development of the GNP.
- develop guidelines for the GNP.

The study wished to answer the following questions:

- What is the content of the GNP for Zimbabwe?
- In what context will the GNP be developed for Zimbabwe?
- Who is involved in the development of the GNP for Zimbabwe?
- What guidelines should be developed for the GNP for Zimbabwe?

The researcher used Walt and Gilson's (1994) policy analysis framework as the theoretical framework for the study. Walt and Gilson (1994:353-370) developed their framework specifically for health because they noted that health policy research focused largely on the content of policy, while neglecting actors, context and processes. Their policy triangle framework is grounded in a political economy perspective, and considers how all four elements interact to shape policy-making.

The framework acknowledges the importance of looking at the content of the GNP, the context in which the GNP is developed, the processes of developing the GNP, and how power is used in health policy. The researcher selected this framework because it enabled him to explore systematically the place of politics in the development of the GNP and can be applied to high-, middle- and low-income countries such as Zimbabwe.

The researcher conducted a literature review to familiarise himself with existing research on the topic, contextualise the study, and answer the research questions (Bryman 2008:81). The World Health Organization (WHO) (2011:1) refers to disparities in the development of guidelines for nursing programmes in the developed and developing world. The researcher, therefore, examined new programme guidelines in developed and developing countries. The UK, Canada and the USA were selected to represent developed countries, and Nigeria, Ghana, South Africa and Zimbabwe represented developing countries.

The study was a qualitative case study from a constructivist paradigm. This approach allowed the researcher to acquire deeper insight into the participants' lived experiences and perspectives regarding development of guidelines for the GNP in Zimbabwe. Data was collected by means of semi-structured interviews, focus group discussions and the Delphi technique. The data and findings covered the courses, resources, context, actors and process of developing guidelines for the GNP.

6.3 PROCESS OF DEVELOPING GUIDELINES FOR THE GNP

Initially there was a felt need for the development of a new nursing programme in the form of the GNP. The development of the GNP was approved by the Nurses Council of Zimbabwe, the Ministry of Health and Child Welfare of Zimbabwe, and the Ministry of Higher and Tertiary Education. The rationale for the development of the GNP was to change nurse education in Zimbabwe from the current hospital-based diploma in nursing to a university degree in order to raise the standard and level of nursing education in Zimbabwe. The GNP was intended to meet the standards of international nursing education, national nursing regulatory bodies and national higher education, and the vision and mission of the country.

6.4 FINDINGS

The findings of the study emphasised and confirmed the need for nurse education in Zimbabwe to shift from the current hospital-based system to a university-based one. The GNP is a university-based bachelor's degree in nursing which will soon replace the diploma in nurse education. The GNP will bring about changes in the nursing skills and competencies which are central to the delivery of quality and safe nursing care. The study determined guidelines for the development of the GNP based on the content, context, actors in developing the GNP, and the process followed in the development of the GNP.

The study found that the content of the GNP should include sciences, nursing courses, social sciences and practical component courses. These courses would equip nurses with the necessary skills to provide quality and safe nursing care, and adequately prepare nurses for their current and future careers.

The GNP should be developed in an environment with adequate resources to support the GNP, including infrastructure, faculty, clinical sites, libraries and financial support. The development of the GNP will hinge on the economic and political situation since that will determine available resources.

Regarding the actors who should be involved in the development of the GNP, the study found that nominees from the Ministry of Health and Child Welfare responsible for nurse education; the Nurses Council of Zimbabwe as the regulatory body; nurse educators;

nurses working in the clinical area; graduate nurses; higher level nurse administrators; curriculum committee members of the university that will offer the GNP, nominees from the Ministry of Higher and Tertiary Education, and nurse education experts should be included.

Finally, the study highlighted the necessity of having a nursing programme that could produce nurses able to deliver quality, safe and efficient nursing care.

6.5 SIGNIFICANCE

The challenge of this study was to formulate guidelines for the development of the GNP which will be the first of its kind in Zimbabwe. The researcher found no research or information available relating to guidelines for the development of the GNP for Zimbabwe. This is the first study of this nature to be conducted in the field of nurse education in Zimbabwe and contributes to nurse education in general and to nurse education in Zimbabwe in particular.

6.6 LIMITATIONS

The study was limited by the exclusion of quantitative methodology, which could have given an alternative interpretation of the results. However, the researcher used three data-collection methods, namely semi-structured interviews, focus group discussions and the Delphi technique, in order to ensure confirmation and completeness of the results and data-collection instruments. The lack of literature on guidelines for the development of nursing programmes and, specifically, the GNP in Zimbabwe was another limitation.

6.7 RECOMMENDATIONS

Based on the findings, the researcher makes the following recommendations for policy, nurse education, and further research.

6.7.1 Policy

The Ministry of Health and Child Welfare, Ministry of Higher and Tertiary Education should work collaboratively to support development of the GNP. Legislators should lobby for

embracing of the GNP and allocating and making sufficient resources for the GNP available. Health policies that are introduced should strike a balance between evolving nurse education needs and the political process involved in deciding whether to implement the GNP or not.

6.7.2 Nurse education

It is recommended that the university offering the GNP should align its nurse education system with the findings of this study. This is expected to revolutionize nurse education in Zimbabwe by shifting the focus to a university-based Bachelor of Science nurse education. The university offering the GNP should have viable quality assurance systems to regularly monitor, evaluate, and strengthen the implementation of the GNP. In addition to quality assurance, the university should be accredited by a nurse regulatory body in Zimbabwe.

The faculty responsible for the GNP should pilot test it and give feedback about its strengths and weaknesses before the actual implementation. Implementation of the GNP should be done in phases. It is recommended that the initial implementation be done over one academic year. As guidelines for the GNP are being developed, plans for the implementation should be discussed concurrently to assess whether the GNP will be feasible or not.

6.7. Future research

It is recommended that further research be done on the following topics:

- The possibility of advancing nurse education of nurses holding a diploma in general nursing to a bachelor's degree in nursing in Zimbabwe
- An investigation of the relationship between level of nurse education and ability to provide competent and safe nursing care in Zimbabwe and Africa as a whole
- An evaluation of how guidelines for the development of the GNP in Zimbabwe compare with international nurse education
- The level of collaboration between nurses and other health professionals in order to produce a nursing curriculum which emphasizes collaboration of nurses and other health professionals.

6.8 CONCLUDING REMARKS

“Nursing education needs to be prepared to go where no nurse educator has gone before.” (Elsevier Nurse Education Conference 2017).

This study developed guidelines for the GNP for the Zimbabwe nurse education setting based on the using evidence gathered from different nurse education stakeholders. The study was a journey of discovery for the researcher that led him and the participants where no nurse educator in Zimbabwe had gone before.

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ANNEXURES

ANNEXURE 1

ADDITIONAL VERBATIM QUOTES

CHAPTER 4

FINDINGS OF THE STUDY

4.2.3.1 Content of the GNP

“Content of the GNP is conceptualized as academic content or syllabus and specific courses taught in the GNP. An example of courses include science courses which are social sciences, nursing sciences and human sciences. In addition to these courses the GNP should supported by courses such as computers, statistics and research.”

4.2.3.2 Context in which the GNP is developed

“Development of the GNP will be influenced by current or prevailing nursing education in Zimbabwe, politics, state of economy, students, prospective employers of nurses, Nurses Council of Zimbabwe, Zimbabwe Council of Higher Education, university education, history of nursing for Zimbabwe and emerging trends in nursing education.”

“Development of the GNP should be guided by transparency honesty and integrity.”

“Enrolment of students for the GNP must be done without tribalism or regionalism every qualifying prospective student must be accorded an equal opportunity. During the course of the GNP there should be no thighs for marks. In other words, male nurse educators must not sexually abuse female students for marks.”

4.2.3.4 Clinical supervision

“There should be sufficient um ... sufficient supervision of the GNP students by adequately qualified clinical role models and preceptors in the clinical area to which GNP students are seconded. The GNP should be characterised by smooth communication between classroom theory and practice in the real health care setting. Clinical

accompaniment of GNP should be adequate enough to allow for translation of theory to clinical practice."

4.2.3.5 Status of GNP students

"GNP students should not receive a salary but instead receive a student grant. This will prevent GNP students from being used as extra workforce. This will enable them to concentrate on their learning rather than working".

4.2.3.6 Resources for the GNP

"When developing the GNP there is need to consider availability of sufficient numbers of nurse educators for the classroom and clinical practice. Apart from adequate human resources there is need for suitable infrastructure that is well equipped such as library facilities, accommodation, classrooms, laboratories and clinical sites".

4.2.3.7 Context within which the GNP is developed

"The context within which the GNP is developed should be characterised by good communication between clinical area staff and patients. Such a scenario allows for transfer of knowledge from the nurse educators in the clinical to GNP students."

"The GNP is developed in a global village which makes it imperative to embrace information technology."

4.2.3.8 People and organisations to be involved in the development of the GNP

"I have the opinion that nurse education stakeholders who are inside and outside Zimbabwe should be involved in developing the GNP. This should include nurses in the ministries or departments of health, practising nurses in the clinical area, nurse educators, nurses in the nurse education committee and nurses in the nurses councils."

4.2.3.9 Steps in the development of the GNP

“Rising need or felt need as a result of lagging behind or noticing a gap in nursing education is the initial step in the development of the GNP. The next stage would be planning for the GNP which is followed by implementation and evaluation of the GNP.”

ANNEXURE 2

SEMI-STRUCTURED INTERVIEW PARTICIPANTS

Text Participant Reference	Actual Participant Identifier
Participant 1	Nursing directorate 1
Participant 2	Nursing Directorate 2
Participant 3	Nursing Directorate 3
Participant 4	Nursing Directorate 4
Participant 5	Nursing Directorate 5
Participant 6	Nurses Council Directorate 1
Participant 7	Nurses Council Directorate 2
Participant 8	Nurse Education Committee 3
Participant 9	Nurse Education Committee 4
Participant 10	Matron 1
Participant 11	Matron 2
Participant 12	Clinical Instructor 1
Participant 13	Clinical Instructor 2
Participant 14	Ward Manager 1
Participant 15	Ward Manager 2
Participant 16	Senior Nurse 1
Participant 17	Senior Nurse 2
Participant 18	Post Basic Nurse Educator 1
Participant 19	UZ Nursing Science Lecturer 1
Participant 20	UZ Nursing Science Lecturer 2

ANNEXURE 3

FOCUS GROUP 1 PARTICIPANTS

Text Participant Reference	Actual Participant Identifier
Participant 21	Post basic mental health student 1
Participant 22	Post basic mental health student 2
Participant 23	Post basic mental health student 3
Participant 24	Post basic mental health student 4
Participant 25	Post basic mental health student 5
Participant 26	Post basic mental health student 6
Participant 27	Post basic mental health student 7
Participant 28	Post basic mental health student 8
Participant 29	Post basic mental health student 9

ANNEXURE 4

FOCUS GROUP 2 PARTICIPANTS

Text Participant Reference	Actual Participant Identifier
Participant 30	Post basic midwifery student 1
Participant 31	Post basic midwifery student 2
Participant 32	Post basic midwifery student 3
Participant 33	Post basic midwifery student 4
Participant 34	Post basic midwifery student 5
Participant 35	Post basic community health student 1
Participant 36	Post basic community health student 2
Participant 37	Post basic community health student 3
Participant 38	Post basic community health student 4
Participant 39	Post basic community health student 5

ANNEXURE 5

DELPHI TECHNIQUE RESPONDENTS

Text Participant Reference	Actual Participant Identifier
Participant 40	Nursing directorate 1
Participant 41	Nursing Directorate 2
Participant 42	Nursing Directorate 3
Participant 43	Nursing Directorate 4
Participant 44	Nursing Directorate 5
Participant 45	Nurses Council Directorate 1
Participant 46	Nurses Council Directorate 2
Participant 47	Nurse Education Committee 1
Participant 48	WHO Representative
Participant 49	ICN Representative

ANNEXURE 6

QUESTIONS USED AS INTERVIEW GUIDE FOR THE SEMI-STUCTURED INTERVIEWS, FOCUS GROUP DISCUSSIONS AND DELPHI TECHNIQUE QUESTIONNAIRE

1. What guidelines are used for developing a nursing programme in Zimbabwe?

2. Who are involved in developing a new nursing programme in Zimbabwe?

3. Which procedures are followed when developing a nursing programme in Zimbabwe?

4. Which resources are needed for developing a nursing programme in Zimbabwe?

5. When is a new nursing programme developed in Zimbabwe?

6. How is a new nursing programme developed in Zimbabwe?

7. What should be the content for the GNP?

8. In what context is the GNP developed?

ANNEXURE 7

FOCUS GROUP DISCUSSION CONSENT FORM

INFORMED CONSENT FORM: SEMI-STRUCRURED INTERVIEW, FOCUS GROUP DISCUSSION AND DELPHI TECHNIQUE

PROJECT TITLE: Guidelines for the development of the Generic Nursing Programme in Zimbabwe

Principal Investigator: GODFREY MUTARA

Phone number(s): +263775124169

What you should know about this research study:

- We give you this consent so that you may read about the purpose, risks, and benefits of this research study.
- The main goal of this research study is to gain knowledge that may help future nursing education in Zimbabwe.
- We cannot promise that this research will benefit you. The research can have minor side effects or no side effects.
- You have the right to refuse to take part, or agree to take part now and change your mind later.
- Whatever you decide, will not affect your relationship with Ministry of Health and Child Welfare of Zimbabwe and University of South Africa.
- Please review this consent form carefully. Ask any questions before you make a decision.
- Your participation is voluntary.

PURPOSE

You are being asked to participate in a research study titled: Guidelines for the development of the Generic Nursing Programme in Zimbabwe. The purpose of the study is to determine the context, content, actors and process of development of the Generic Nursing Programme in Zimbabwe. You were selected as a possible participant in this study because you possess the required expertise and experience in Nursing Education. The number of participants in the study in Zimbabwe is fifty four (49).

PROCEDURES AND DURATION

As a student studying with the University of South Africa for a doctoral degree specializing in Nursing Education, I am required to conduct a research study in nursing education. If you decide to take part in the research, you will participate in one focus group discussion of between six and ten post basic students. A focus group is a small group of six to ten people led through an open discussion to obtain perceptions in a defined area of interest in a permissive, non-threatening environment by a skilled moderator in the case of this study the moderator is the researcher. Each focus group will comprise of nine to ten participants. Participants will interact within the group. Each focus group will take about 45 minutes to 1 hour. After the study is finished the information will be kept by my supervisor for two years as is required by the Faculty Ethics Committee of the University of South Africa. After that the questionnaires will be destroyed and the audio tapes will be erased.

RISKS AND DISCOMFORTS

The study is not likely to be associated with discomforts or inconveniences to the participant. However, the research will require the participant to express their opinion which might be demanding psychologically.

RISKS TO PREGNANT WOMEN

This research has no risk to unborn children.

BENEFITS AND/OR COMPENSATION

We do not guarantee or promise that you will receive any direct benefits from this study.

ALTERNATIVE PROCEDURES OR TREATMENTS

The research has no alternative procedures or treatments.

CONFIDENTIALITY

If you indicate your willingness to participate in this study by signing this document, we plan to disclose information obtained to the University of South Africa academic staff Ministry of Health and Child Welfare and Medical Research Council of Zimbabwe for academic purposes only. Any information that is obtained in connection with this study that can be identified with you will be protected from unauthorised access, use, disclosure, modification, loss or theft by keeping the information in a lockable filing cabinet. Only the researcher will have access to the information. Under some circumstances, the MRCZ may need to review the research for compliance audits.

ADDITIONAL COSTS

You will not incur any additional cost by participating in this research.

IN THE EVENT OF INJURY

In the event of injury resulting from your participation in this study, treatment shall be offered by the study. In the event of injury, contact Mr G. Mutara on +263775124169

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relations with the University of South Africa, Ministry of Health and Child Welfare of Zimbabwe and Medical Research Council of Zimbabwe and their personnel. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty.

SIGNATURE PAGE

PROJECT TITLE: Guidelines for the development of the Generic Nursing Programme in Zimbabwe

OFFER TO ANSWER QUESTIONS

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

AUTHORISATION

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

_____ _____

Name of Research Participant (please print) Date

_____

Name of Staff Obtaining Consent Signature Date

_____

Name of Witness (*if required)* Signature Date

YOU WILL BE OFFERED A COPY OF THIS CONSENT FORM TO KEEP.

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the Medical Research Council of Zimbabwe (MRCZ) on telephone (04)791792 or (04) 791193 and cell phone lines 0784 956 128. The MRCZ Offices are located at the National Institute of Health Research premises at Corner Josiah Tongogara and Mazowe Avenue in Harare.

Audio, Recording

Statement of Consent to be audiotaped.

I understand that audio recordings will be done during the study. *(For each statement, please choose YES or NO by inserting your initials in the relevant box)*

- I agree to **being audio recorded** **Yes** ☐

  No ☐

---------- ---------- ----------

Name of Participant (please print) Signature. Date

ANNEXURE 8

ETHICAL CLEARANCE MEDICALRESEARCH COUNCIL OF ZIMBABWE

Telephone: 791792/791193
Telefax: (263) - 4 - 790715
E-mail: mrcz@mrcz.org.zw
Website: http://www.mrcz.org.zw

Medical Research Council of Zimbabwe
Josiah Tongogara / Mazoe Street
P. O. Box CY 573
Causeway
Harare

APPROVAL

Ref: -MRCZ/A/2084 **05 September, 2016**

Godfrey Mutara
UNISA
Department of Health Sciences
South Africa

RE:-Application For Approval Of Study Entitled :- Guidelines for the development of the generic nursing programme in Zimbabwe

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has **reviewed** and **approved** your application to conduct the above titled study.

This approval is based on the review and approval of the following documents that were submitted to MRCZ for review:-

a) Research Proposal
b) Informed Consent Forms Delphi Technique(English)
c) Informed Consent Forms Focus Group Discussion (English)

- **APPROVAL NUMBER : MRCZ/A/2084**

This number should be used on all correspondence, consent forms and documents as appropriate.

- **TYPE OF MEETING : Full Board**
- **EFFECTIVE APPROVAL DATE : 05 September, 2016**
- **EXPIRATION DATE : 04 September, 2017**

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Offices should be submitted three months before the expiration date for continuing review.

- **SERIOUS ADVERSE EVENT REPORTING**: All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.
- **MODIFICATIONS**: Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.
- **QUESTIONS**: Please contact the MRCZ on Telephone No. (04) 791792, 791193 or by e-mail on mrcz@mrcz.org.zw

Other

- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.

Yours Faithfully

.....

MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE

MEDICAL RESEARCH COUNCIL OF ZIMBABWE
2016 -09- 05
APPROVED
P.O. BOX CY 573 CAUSEWAY, HARARE

PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH

ANNEXURE 9

ETHICAL CLEARANCE UNIVERSITY OF SOUTH AFRICA

UNISA

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

HSHDC/363/2014

Date:	10 December 2014	Student No:	3155-215-3
Project Title:	Guidelines for the development of the generic nursing programme in Zimbabwe.		
Researcher:	Godfrey Mutara		
Degree:	D Litt et Phil	Code:	DPCHS04
Supervisor:	Dr TE Masango		
Qualification:	PhD		
Joint Supervisor:	Prof ZZ Nkosi		

DECISION OF COMMITTEE

Approved [√] **Conditionally Approved** [ ]

Prof L Roets
For **CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

L L Roets (Prof)

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE 10

ETHICAL CLEARANCE MINISTRY OF HEALTH AND CHILD WELFARE

Telephone: +263-4-730011
Telegraphic Address:
"MEDICUS", Harare
Fax: +263-4-729154/793634
(702293 FHP)
Telex: MEDICUS 22211ZW

ZIMBABWE

Reference: A/6/11
Ministry of Health and Child Care
P O Box CY1122
Causeway
HARARE

30 December 2014

Zimbabwe Open University
P O Box 2815
CHINHOYI

Dear Mr Mutara

RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY ON GUIDELINES FOR THE DEVELOPMENT OF THE GENERIC NURSING PROGRAMME IN ZIMBABWE.

Permission is given to conduct the above mentioned research study for academic purposes. Please note that nurses studying for generic degrees do not specialise in any areas of nursing. They can have a major in a nursing area.

Please furnish us with your results on completion of your study.

Brigadier General Dr G Gwinji
SECRETARY FOR HEALTH AND CHILD CARE

ANNEXTURE 11

MENTAL HEALTH EDUCATION INSTITUTION

ETHICAL CLEARANCE MENTAL HEALTH NURSE EDUCATION INSTITUTION

Telephone :+ 263(09) 466463 – 5
472420/ 463411-3

Telegraphic Address
"MEDICUS", Bulawayo
Fax: 473966

ZIMBABWE

REF:
INGUTSHENI CENTRAL HOSPITAL
P.O. Box 8363
Belmont
BULAWAYO
Zimbabwe

29 October 2014

Mr Godfrey Mutara
Zimbabwe Open University
P O Box 283
CHINHOYI

RE: APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH ON THE GUIDELINES FOR THE GENERIC NURSE EDUCATION PROGRAMME IN ZIMBABWE

Reference is made to your letter dated 28 October 2014 on the above subject matter.

Permission is granted for you to carry out the research on the guidelines for the generic nurse education programme in Zimbabwe.

Good luck on your research!

CHIEF EXECUTIVE OFFICER
INGUTSHENI CENTRAL HOSPITAL
29 OCT 2014
P.O. BOX 8363, BELMONT,
BULAWAYO, ZIMBABWE

Mr N. Chibvongodze
A/CHIEF EXECUTIVE OFFICER

ANNEXURE 12

SEMI-STRUCTURED INTERVIEW

TIME: 24:48 Minutes

I = Interviewer

P = Participant

	TRANSCRIPTION
I	I understand you are the registrar for the Nurses Council for Zimbabwe.
P	Yes, actually, I am the in-coming registrar. I have replaced the one who was there.
I	O.K, when is a new nursing programme developed in Zimbabwe.
P	A nursing programme is developed out of need to have a new nursing program, this can be as a result of changes in nurse education and shortfalls of current nursing programmes and need to improve quality of nursing.
I	Do you have any examples of changes in nursing education and shortfalls of current nursing programmes that you want to talk about.
P	Yes. I will start with changes in nursing education. Nurse education is shifting from hospital based to university based and from diploma to degree. In Zimbabwe nurse education is still following the hospital based diploma. Entry level for a diploma are lower than university entry qualifications. A diploma in nursing requires ordinary level passes where as a degree requires 'A' levels passes.
I	If a new nursing programme is to be commenced, in your view what resources should be put in place.
P	A new nursing programme would require adequate, infrastructure such as clinical sites, classrooms, library with electronic resources. In addition to infrastructure there is need for suitably qualified human resources, financial resources and material resources. Above all students for the programme should be available.
I	What would be the content for a new nursing programme?

	TRANSCRIPTION
P	Content of the new nursing programme should include courses such as sciences, social sciences, nursing sciences and other health related courses.
I	Which courses do you have in mind?
P	Physiology, pathophysiology, human anatomy, biophysics, bioscience, biochemistry, medical nursing, surgical nursing, clinical epidemiology, sociology, psychology, transcultural nursing, nursing management, nursing education to mention just a few.
I	OK, who should be involved in developing a nurse education programme in Zimbabwe?
P	Nurses
I	Why
P	Nurses, especially nurse educators have the required expertise in nurse education. These should include the Ministry of Health and Child Welfare, Nurses Council, lecturers in nursing, practicing nurses and nurse administrators. Regional and international representatives of different nursing organizations.
I	Thank you very much, how did you feel about this interview?
P	Well it was fine, it gave the opportunity to contribute something towards nurse education for Zimbabwe.
I	Thank you very much.